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WILTSHIRE COUNTY COUNCIL.



ANNUAL REPORT

OF THE


Medical Officer of Health

FOR THE YEAR 1925.

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WILTS COUNTY COUNCIL.

Annual Report of the County Medical Officer of Health for the Year 1925.

PUBLIC HEALTH DEPARTMENT,
COUNTY OFFICES,
TROWBRIDGE,

April, 1926.



MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my seventh Annual Report on the Public Health of the County of Wilts.

In accordance with the requirements of the Ministry of Health, the Report represents an endeavour to survey the progress of the past five years in addition to the facts relating to the year 1925.

The Ministry's Circular 648, of December last, giving instructions as to the compilation of the Report, has been followed as closely as conditions permit, but, as this Circular includes reference to work for which Local Sanitary Authorities and Guardians are entirely responsible, it is impossible to supply all the details suggested.

The review of the five years reveals much that is satisfactory and encouraging in the prevention and relief of sickness and disability in the County, and affords justification for the increased expenditure on public health during that period. It also gives an opportunity for consideration, on a wider basis than that afforded by a simple Annual Report, of requirements which are yet to be met to reduce still further the margin of unnecessary wastage of human life and efficiency.

I have the honour to be,

Your obedient Servant,

CLAUDE E. TANGYE.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

[illegible]

The estimate of population by the Registrar-General remains as in the previous year for birth-rate purposes, the high figure being accounted for by the fact that Salisbury Plain is the headquarters of large units of the Army and Royal Air Force. The death-rate population shows an increase of 700 on the figure for 1924.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

					MALE.		FEMALE.		TOTAL.		RATE.	
					1924.	1925.	1924.	1925.	1924.	1925.	1924.	1925.
Births—												
Total	...	...	...	...	2678	2627	2560	2498	5238	5125	17.07	16.69
Legitimate	...	...	...	...	2559	2511	2458	2400	5017	4911	16.35	16.00
Illegitimate	...	...	...	...	119	116	102	98	221	214	0.72	0.69
Deaths	...	...	...	...	1690	1619	1678	1684	3368	3303	11.41	11 16
Deaths of Infants under one year of age per 1,000 births—												
Total	...	...	...	...	171	144	115	130	286	274	54.60	53.46
Legitimate	...	...	...	...	161	140	110	124	271	264	51.74	51.51
Illegitimate	...	...	...	...	10	4	5	6	15	10	2.86	1.95

No. of Women dying in, or in consequence of, Childbirth—	From Sepsis	...	...	...	4	(10)
	Other Causes	...	...	...	13	(11)
Deaths from Measles (all ages) ...	...	...	...	...	18	(11)
„ Whooping Cough (all ages) ...	...	...	...	...	28	(20)
„ Diarrhoea (under two years of age)	...	...	...	...	11	(12)

(The figures in brackets are those for 1924).

From the particulars given it will be seen that the vital statistics for 1925 compare favourably with those for the previous year in every respect, apart from the birth-rate.

As this is a survey report it is desirable to consider the vital statistics for the five years period 1921—1925.

BIRTH-RATE.—The figures for the five years for the County of Wilts, and England and Wales, are as follows:—

					Rate per 1,000 of the Population.				
Year.					County of Wilts.		England and Wales.		
1921	19.88	...	...	22.4
1922	18.76	...	...	20.6
1923	18.28	...	...	19.7
1924	17.07	...	...	18.8
1925	16.69	...	...	18.3

It will be noted that the reduction both in the County and national birth-rate is still continuous, and the preservation of infant life becomes an increasingly urgent duty. It is difficult to assign the real cause of the decreasing rate as far as the County of Wilts is concerned, but there can be no doubt that unemployment and housing shortage are contributory, if not the main, causes.

DEATH-RATE.—In contrast to the birth-rate, the death-rate statistics for the five years show very little change. In 1921 the figure was 10.76, whilst in 1925 it is 11.16. In the intervening three years the rate has fluctuated slightly, due mainly to epidemics of influenza and pneumonia. The national death-rate was 12.1 in 1921 and 12.2 in 1925.

The chief causes of death during the year under review were as follows:—

Influenza	...	...	...	...	...	...	...	...	115
Tuberculosis—									
Pulmonary	...	...	...	...	...	...	...	...	159
Other	...	...	...	...	...	...	...	...	44
								—	203
Cancer, Malignant Disease	...	...	...	...	...	...	...	...	476
Heart Disease	...	...	...	...	...	...	...	...	538
Bronchitis	...	...	...	...	...	...	...	...	200
Pneumonia (all forms)	...	...	...	...	...	...	...	...	151
Congenital debility	...	...	...	...	...	...	...	...	144

The number of deaths from influenza was considerably less than in the year 1924, but cancer still shows an upward tendency. The number of deaths from heart disease, bronchitis, and the various forms of pneumonia remains much the same, whilst tuberculosis accounted for 43 fewer deaths than in 1924.

INFANTILE MORTALITY RATES.—The following table shows in concise form the position regarding infant mortality:—

Year.	No. of Deaths of Infants under one year of age.	Infant Mortality Rate, calculated per 1,000 births.	
		County.	National
1921	326	56.1	83.0
1922	300	54.3	77.0
1923	279	51.4	69.0
1924	286	54.6	75.0
1925	274	53.4	75.0

These statistics may be regarded as satisfactory, and there is little doubt that the infant mortality rate will tend to decrease still further when expectant and nursing mothers avail themselves more fully of the facilities available under the County Maternity and Child Welfare scheme.

The deaths occurring in 1925 as a consequence of child-birth amounted to 17, compared with 21 in the previous year. The deaths from puerperal sepsis were reduced from ten in 1924 to four during the present year, but unfortunately this reduction was counter-balanced to a certain extent by an increase in the deaths due to other accidents and diseases of pregnancy and parturition.

The mortality from measles and whooping cough showed an increase, and it is common knowledge that the risks attaching to these diseases are generally under-estimated. The deaths from diarrhoea remained practically stationary.

SOCIAL CONDITIONS AND OCCUPATIONS.

The County is mainly agricultural, and milk production is the most important rural industry. A very considerable proportion of the Metropolitan milk supply is produced in the County, and recent legislation on the purity of milk has an increasingly wide bearing on the administrative work of the County Council.

The towns show a very wide range of industry, including engineering at Swindon and to a lesser extent elsewhere, and the manufacture of rubber goods, cloth, carpets, leather, gloves, bacon, milk products, tobacco, and other articles.

With the possible exception of Swindon, with its 56,880 inhabitants, there is no approximation to the conditions of the manufacturing areas of the North, and the urban areas retain in the main their character of country towns.

Whilst the social conditions and occupations are on the whole favourable to public health as compared with many other counties, three diseases show definite special incidence. Rheumatoid arthritis is commonplace amongst farm workers, goitre amongst school children, and pulmonary tuberculosis is naturally most frequent amongst the artisan class whose lives are spent in factories.

Overcrowding, with its attendant evils, is still common in town and country, but deaths from infantile diarrhoea, so common in the densely-populated areas, have been comparatively few, even in the recent hot summers.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY COUNCIL.

Hospital accommodation for tuberculosis, maternity, and small-pox, is outlined under the appropriate sections (pp. 27, 39, 18).

There are no children's hospitals as such, the only children's accommodation being at the new Bath Children's Orthopædic Hospital, which is widely used under the County Orthopædic Scheme.

The County is well covered by ordinary Isolation Hospitals, with the exception of the Rural District of Mere, for which no standing arrangements have apparently been made. With modern ambulance facilities, the number of small isolation hospitals could even be reduced and a policy of centralisation adopted. The County Council contributes one-third of the running expenses to all but one of the isolation hospitals, and is represented on the various Management Committees.

Voluntary hospitals for ordinary illness are also well distributed in the County, though extension of accommodation is urgently needed, particularly at Swindon, where the available number of beds is totally inadequate. The only general hospital is at Salisbury, but the Royal United Hospital, Bath, acts in this capacity for a large area of the west of the County.

The work of the Mere Retreat, a maternity home for unmarried mothers and their infants, irrespective of domicile, has been transferred to Norwood, and there are now no such homes in the County.

Ambulance facilities are very complete both for infectious and non-infectious cases. The former are supplied under the isolation hospital organisation and the latter under the auspices of the Red Cross.

Clinics and Treatment Centres are described under the appropriate sections (pp. 27, 30, 31, 37, 40),

PUBLIC HEALTH STAFF.

A list of the staff of the County Public Health Department, other than Medical Officers of the Venereal Clinics, the Veterinary Surgeon, and the clerical staff, is given in my current Annual Report as School Medical Officer, and need not be repeated here. It consists of six whole-time and seven part-time Medical Officers (six of whom are specialists in ophthalmic, venereal, orthopædic, and mental work), three whole-time Dentists, an Inspector and Assistant Inspector under the Mental Deficiency Act, a part-time Veterinary Surgeon, twelve whole-time Nurses, and one practically whole-time After-Care Sister for Orthopædic work, in addition to nearly eighty District Nurses who act as part-time Health Visitors and School Nurses.

The duties of the Staff are co-ordinated, and the majority undertake work in connection with both school medical inspection and public health. The appointments of the staff are mainly made by the Public Health Committee.

A salary contribution from either the Ministry of Health, Board of Education, or Board of Control, is received in respect of practically every officer.

PROFESSIONAL NURSING IN THE HOME.

The only professional nursing is supplied by District Nursing Associations, which cover the area almost completely. The work of these Associations is intimately connected with the County Health Department.

No professional nursing for infectious disease at home has been specially provided.

MIDWIVES are dealt with elsewhere (p. 34).

CHEMICAL WORK is set forth on p. 22.

LEGISLATION IN FORCE.

The only legal Public Health powers not applicable generally which the County Council has acquired are those mentioned below :—

- (1) The County of Wilts (Prevention and Treatment of Smallpox) Regulations, 1923.

These Regulations make it the responsibility of the County Council to provide accommodation and arrange for the treatment of any case of smallpox which may occur within the County.

- (2) The County of Buckinghamshire, etc. (Prevention of Tuberculosis) Order, 1926.

This Order enables the County Council to exercise the powers under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in regard to the handling of milk by tubercular persons.

- (3) The Notification of Births Act, 1907.

The County Council adopted this Act shortly before the 1915 Act came into operation.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

From the returns received from various observers it would appear that the mean rainfall in the County for the year 1925 was 35.1 inches, compared with 41.32 inches in 1924, when the rainfall was the highest since 1915. The figures are about the average for a normal year, but are higher than anticipated in view of the fine summer. Rain actually fell upon 178 days compared with 195 in 1924.

A detailed survey of the water supplies of the County is impossible in this report, and has been rendered largely unnecessary in view of the recent publication by the Geological Survey of a very complete study of the water supplies of Wiltshire.

The responsibility for water supplies, both public and private, rests with Local Sanitary Authorities. The towns of Wiltshire are fortunate in having pure, and, for the most part, adequate supplies. Many of the villages, however, are dependent upon wells which have become hopelessly polluted, and others are dependent upon rain water only. The need for pure and abundant public village supplies is becoming more and more pressing, but no new supplies have been provided during the past five years, though some extensions of existing schemes have been made. At Amesbury, however, a scheme will shortly be completed which will serve the whole of that growing village.

At Hindon the recurring appearance of cases of enteric fever, coupled with a high degree of pollution of the village wells, has led the County Public Health Committee to represent the desirability of a public supply to the Local Sanitary Authority. It is understood that an engineer has since been consulted by that body with a view to a scheme being prepared.

Apart from the immediate danger to health involved in contaminated water, the milk producing industry of Wiltshire is likely to suffer in the future if water supplies to farms remain polluted. The proposed Order under the Milk and Dairies (Consolidation) Act renders compulsory certain hygienic procedure at dairy farms which is based on the assumption that a good water supply is available. In many Wiltshire farms at present these requirements cannot be met owing to the dirty and restricted water supplies.

An important memorandum upon the general subject of rural water supplies was prepared by the Ministry of Health in 1924, and circulated by the County Councils Association to the various County Councils for their comments early in 1925. The County Public Health Committee considered the memorandum and informed the County Councils Association that they were in agreement with the views contained therein.

RIVERS AND STREAMS, DRAINAGE AND SEWERAGE.

The various disposal works in the County have been inspected during the past year as usual, as well as the points where pollution has been discovered or suspected. A summary of the results of analysis in 1925 is given, and the notes include a brief record of progress in the past five years. During that period five Local Authorities have installed modern bacteriological works, and two other new works are in hand. These are all large undertakings which have been approved for loan by the Ministry of Health. In addition three Authorities have completed extensive alteration and improvement of their works.

URBAN DISTRICTS.

Bradford-on-Avon.—These beds have received a complete cleansing, and the effluent has continued to be satisfactory. A fracture in the sewer serving one section of the town rendered extensive repairs necessary last winter, and temporary river pollution was unavoidable. No results of any consequence, however, ensued in the River Avon.

Calne.—The serious pollution of the River Marden, owing to the complete inefficiency of the land disposal system, continued unabated, but a scheme on the most approved modern lines has been prepared by the Borough Engineer, and has received the Ministry's sanction. The new works, when complete, should not only remove a long-standing source of complaint, but will provide much-needed facilities for the proper drainage of adjacent groups of houses in the Rural District of Calne.

Chippenham.—The recent re-modelling of the Westmead works has removed the previous serious pollution, though last year's sample did not give an entirely satisfactory analysis. Conditions are, however, likely to improve with careful management.

The effluent from the Patterdown works does not, under ordinary conditions, reach the Avon. A sample taken last summer at the nearest point to the river gave a very fair analytical result.

Devizes.—The contact system devised by Dibden, and once a popular method of purification, has not for a long time past yielded good results. The Borough Engineer has recently begun a gradual alteration of the beds into modern filters, and the improvement in the effluent is already unmistakeable. This work, which does not necessitate a loan, is so obviously desirable that it will no doubt be continued with further benefit to the effluent, which is not yet of a high standard.

The effluent receives further treatment on land partly owned by the County Council. More care has been bestowed on this part of the treatment and no pollution has been observed of the Semington Brook, which eventually joins the Avon.

Malmesbury.—Since the adverse decision of the County Court in November, 1920, when the Judge found pollution proved but remedy too expensive, pollution of the Avon from the various town sewers has continued as from time immemorial.

The additional pollution from the Milk Factory has apparently now been overcome, and the last sample of effluent taken was found to be of good quality.

Marlborough.—The new works are working satisfactorily, and although the effluent taken in the summer was not quite up to standard it should improve. There is no land treatment after filtration, and the works will require continuous care, which has not always been given to sewage purification here in the past, but the possibility of recurrence of grave pollution of the Kennet should now be removed.

Melksham.—These modern works continue to receive efficient supervision and to produce a good effluent. They are, however, now only just sufficient for the growing population, and the time is not far distant when extensions will be necessary to maintain good results.

Salisbury.—These works continue to produce a good effluent, and the Salisbury Avon receives no pollution from this source.

Swindon.—The Rodbourne works, recently re-modelled on an extensive scale, gave only a moderately good effluent on inspection in September. Gross pollution of the River Ray is no longer occurring, but, in view of the enormous volume of effluent, even slight impurity involves the deposit of large amounts of organic matter into that small stream which eventually joins the Thames.

The Broome Farm works, dealing with a much smaller section of the town, and still running on the original lines of the scheme of many years ago, continue to discharge a good effluent into the Ray.

Trowbridge.—The town sewage, which a few years ago gave rise to very serious pollution of the Biss, is now treated efficiently. The works, completed after the War, have for some time past received efficient and successful management under the Surveyor. The effluent gives a very fair analysis.

The Biss unfortunately continues to receive grave pollution from cloth mills, and the Companies concerned have not prevented the discharge of untreated trade effluent in the period allowed them by the County Council. The Biss, therefore, continues to be a filthy stream for a long part of its course, and a wholly undesirable feature of the town of Trowbridge.

Warminster.—Last year's inspection and analysis of effluent showed that the treatment on land was fairly satisfactory. The conditions, however, were favourable, and it was clear that unless steps were taken to prevent farming operations being given precedence to sewage purification, river pollution would occur, particularly in unfavourable weather.

The Urban District Council subsequently undertook to secure the necessary control of operations on the land, so that it can be worked with the primary object of sewage purification unhindered by the conveniences of farming. If this policy is strictly followed the necessity for capital expense in new plant may be avoided for a considerable time.

Westbury.—The works, completed in 1924, gave a good effluent last summer, and appeared generally satisfactory. The volume of sewage, although much property remains to be connected to the new sewers, is comparatively large owing to the entrance of spring water into the sewers. Steps were to be taken to eliminate this water, and thus to reduce the volume of liquid to be purified.

Wilton.—The area devoted to land treatment deals with the sewage from Wilton and from the village of Bemerton. Under ordinary circumstances the whole of the effluent is absorbed by the land. No river pollution has been found to result.

RURAL DISTRICTS.

Amesbury.—The sewage of the village of Amesbury is treated on an irrigation area where it is completely absorbed except in flood times.

At Shrewton pollution has in the past been caused by discharge from a large laundry. Efficient measures were taken some time ago by the owner, and the brook has since remained free from laundry waste.

Bradford-on-Avon.—The Holt sewage works were found last year to be much improved, and no exception could be taken to the purification of the domestic sewage from this village.

The tannery at Holt, however, produces a trade effluent which receives only partial treatment by sedimentation at the works. The latter is consequently still of a highly polluting character when discharged into the Avon.

Chippenham.—The Box disposal system consists mainly of a series of pits in a confined area of land bordering the Box Brook. When inspected last summer no effluent was entering the stream, owing to the dry weather. At ordinary times, however, an effluent of poor character is produced and some pollution caused. It is practically impossible to improve the crude disposal system on the present site, and a satisfactory scheme would involve such a large expense that the County Council has not so far pressed the District Council on this matter.

A small group of houses at Middle Hill, Box, is provided with a simple filter from which the effluent eventually is absorbed into the ground.

The sewage from Corsham is treated at two outfalls, a high level and a low level. At both land irrigation is the main method of treatment. Effluent is only discharged into the stream in wet weather, and as the administration of these outfalls has recently been improved by the provision of more efficient labour, there is no cause to fear river pollution of any consequence.

The village of Lacock has two sewers with outfalls direct into the river. The only purification is provided by catch-pits at intervals in these sewers. In storm much road water is swept into the stream, but no serious pollution by organic matter has recently been found either by inspection or analysis.

Cricklade and Wootton Bassett.—There are three outfalls at Cricklade. The largest is on an area of land surrounded by the River Thames, and the second on a restricted area adjoining a ditch leading to the Thames. In dry weather no effluent enters the river, but the first area is liable to flood in winter, and the ditch at the second area has been found to contain sewage overflow. These disposal systems are not of course modern, but with care can still serve their purpose fairly satisfactorily.

A third small outfall deals with the sewage from the sixteen new Council houses. This is a modern installation by a well-known firm, but was producing very poor effluent when inspected in July. This matter has received the District Council's attention, and an improvement should result.

The Wootton Bassett works, completed in 1921, have yielded a continuously satisfactory effluent, and the Dauntsey Brook, which was previously filthy for a considerable distance, is once more a clean stream.

Owing to complaints from the Thames Conservancy a scheme was adopted in 1924 to deal with the sewage from Purton, and subsequently received the Ministry's approval in a modified form. Only about a third of the houses in the area are to be dealt with under the present scheme, but the works are capable of extension to provide for the whole village. During the past year the work has progressed well, and should soon be complete.

Devizes.—The small works receiving sewage from a group of houses in the Rural District outside the town of Devizes appear to be satisfactory for its present purpose, but will need extension if building proceeds much further in the area.

Highworth.—Castle Eaton has an outfall in a field where the whole of the sewage is absorbed, and the same applies to Hannington.

The larger village of Highworth is served by two outfalls on land at Eastrop and Westrop respectively, which normally absorb all the sewage and are efficiently managed.

The new bacteriological works at Stratton St. Margaret, finished in 1924, are working satisfactorily, and the effluent taken last July gave a good analysis. This installation superseded an old system of contact beds which, partly through neglect, had become inefficient and had led to long-standing pollution of a tributary of the Thames.

The outfall at Wroughton is on land, the sewage being first received in a sedimentation tank, the effluent finally reaching the Ray. Samples taken have always given a fair analytical result, that of last year being particularly good, owing no doubt to special care in management recently.

Melksham.—At Staverton, pollution of the Avon from the Milk Factory and from a group of houses has been recorded. The former source has received attention and did not give rise to noticeable pollution during the past year, but the pollution from domestic sources remains.

Mere.—The main works at Mere are on the broad irrigation system, and the effluent which enters Shreen Water, a tributary of the Stour, has given satisfactory samples for a series of years. There is a subsidiary system, consisting mainly of a filter bed, which deals with sewage from a small section of the town higher up the stream. This also has given good results, due probably more to the dilution of the sewage by copious springs rather than to the actual efficiency of the filters.

Pewsey.—The conditions at Pewsey are those inevitable where a good public water supply is unaccompanied by a sewage system. Old drains receive sewage and conduct it to the river. The resulting pollution of the Avon is obvious, but the amount is limited, and the condition of the river does not justify at present the undertaking of a disposal system which must necessarily be very costly owing to engineering difficulties.

Tisbury.—The works serving the village of Hindon are on the broad irrigation principle. The irrigation is not particularly successful as a method of purification, but as the sewage eventually is completely absorbed, no river pollution results.

The sewage from Tisbury is also treated by broad irrigation on an area provided with subsoil drains. For years past the Nadder has received pollution from this source, as shown by observation and analysis. The District Council have now under-drained a fresh area of land and are allowing the original overworked section to rest. The latest sample taken after this improvement in August gave a very fair result.

Summary of Analysts' Reports on Samples of Effluent Taken from the various Sewage Disposal Systems in the County, during the year 1925.

Sewage Works.	Council Concerned.	Date of Analysts' Report.	Details of Analysis (Parts per 100,000).								Analysts' Remarks.	
			Free and Saline Ammonia.	Albuminoid Ammonia.	Chlorine.	Oxygen Absorbed (4 hours).	Nitrates.	Dissolved Solids.	Solids in Suspension	Total Solids		Dissolved Oxygen Absorbed after 5 days Incubation.
URBAN DISTRICTS.												
Bradford-on-Avon ...	Bradford-on-Avon U.D.C.	4/11/25	0.016	0.142	8.5	1.004	1.0	70.6	3.4	74.0	1.22	Good
Calne ...	Calne U.D.C.	15/7/25	6.00	1.20	104.5	7.9	—	242.0	33.0	275.0	over 17.4	Grossly polluting
Chippenham—Westmead ...	Chippenham U.D.C.	24/3/25	1.42	0.26	10.10	1.205	0.15	72.4	2.6	75.0	6.0	Not satisfactory
Patterdown ...	Ditto	5/8/25	1.02	0.235	4.90	1.27	1.7	51.6	1.2	52.8	3.52	Very fair
Devizes ...	Devizes U.D.C.	21/9/25	2.17	0.20	9.8	2.22	0.15	65.2	4.0	69.2	3.73	Not good
Marlborough ...	Marlborough U.D.C.	30/6/25	0.315	0.13	9.4	1.20	2.0	67.5	3.5	71.0	2.29	Fair
Melksham ...	Melksham U.D.C.	12/10/25	1.25	0.160	8.20	0.808	1.50	73.0	1.0	74.0	0.60	Good
Salisbury ...	Salisbury City Council	6/7/25	0.030	0.050	7.20	0.394	0.80	51.2	0.4	51.6	2.60	Good
Swindon—Rodbourne ...	Swindon Boro' Council	30/9/25	0.380	0.150	5.6	0.92	0.10	81.6	5.2	86.8	3.65	Not quite satisfactory
Broome Farm ...	Ditto	15/10/25	1.68	0.26	7.00	1.155	0.60	78.0	1.6	79.6	1.33	Good
Trowbridge ...	Trowbridge U.D.C.	17/9/25	0.60	0.26	14.5	1.95	2.4	85.0	5.2	90.2	4.09	Fair
Warminster ...	Warminster U.D.C.	1/7/25	0.73	0.38	6.30	1.605	0.30	37.0	2.0	39.0	2.75	Fair
Westbury ...	Westbury U.D.C.	7/7/25	0.010	0.155	1.9	0.60	1.8	56.8	1.2	58.0	1.64	Good
RURAL DISTRICTS.												
Holt (from Tannery) ...	Bradford-on-Avon R.D.C.	4/11/25	0.200	1.680	35.0	12.2	0.20	150.4	10.0	160.4	more than 42.	Highly polluting
Lacock ...	Chippenham R.D.C.	14/7/25	0.110	0.070	2.7	0.291	0.40	40.4	2.0	42.4	1.96	Good
Cricklade (Council houses)	Cricklade and Wootton Bassett R.D.C.	5/8/25	3.50	0.60	13.2	6.98	0.40	101.2	26.0	127.2	17.5	Bad
Wootton Bassett ...	Ditto	5/8/25	0.47	0.253	10.0	1.08	4.0	111.6	0.8	112.4	1.95	Good
Highworth—Eastrop (sample from withy bed)	Highworth R.D.C.	15/8/25	1.37	0.21	11.90	1.62	0.2	72.8	1.6	74.4	1.70	Good
Stratton St. Margaret ...	Ditto	5/8/25	0.02	0.21	10.4	1.02	4.2	96.8	1.2	98.0	0.99	Good
Wroughton ...	Ditto	15/8/25	0.20	0.12	4.30	1.61	0.30	59.6	1.2	60.8	1.79	Good
Mere—Main Works ...	Mere R.D.C.	30/6/25	0.060	0.065	1.6	0.55	0.4	38.0	2.2	40.2	1.18	Satisfactory
Subsidiary Works ...	Ditto	30/6/25	0.04	0.09	1.6	0.48	0.3	30.0	1.0	31.0	1.09	Satisfactory
Tisbury ...	Tisbury R.D.C.	10/6/25	2.60	0.44	4.80	3.20	0.40	56.0	3.1	59.1	over 8.	Bad
		6/8/25	13.02	0.13	2.4	0.70	0.20	35.6	2.8	38.4	3.52	Fair

SCHOOLS.

Conditions have been summarised in my reports as School Medical Officer, and it seems unnecessary to repeat them here. The water supply and sanitation, particularly of rural schools, is notably defective in many instances, but the multiplicity of officials concerned in reporting details to the Ministry of Health, the Board of Education, the General Education Committee, and the School Managers, has not greatly affected the condition of the average country school during the past five years, though here and there gross defects have been alleviated.

HOUSING.

The detailed information required by the Ministry can only be given by the Local Sanitary Authorities responsible, and here only a brief general survey is possible.

The total number of inhabited houses in the County according to the 1921 Census was 66,874. The number of new houses erected from the beginning of 1921 to the end of 1925 was 4,196. Of these 1,671 were built by Local Sanitary Authorities under various housing schemes, and 2,525 by private individuals. Of these houses built by private persons 1,436, or considerably more than half of all those so built in the five years, have received State assistance which was available in 1923 and onwards.

Something has thus been accomplished to meet the housing shortage, but very much more needs to be done.

According to the annual returns received from the Local Authorities, Malmesbury is the only urban district where the Authority has built no houses during the five years, and Chippenham, Mere, and Tisbury, the only rural districts. Many of the Authorities have built only a few, but in some areas the number of new Council houses is very considerable. X

It would not be profitable to analyse the returns with regard to inspection of, and repairs to, existing property, as the standard of both varies in different districts, and mere figures do not represent the work done towards obtaining satisfactory housing conditions generally. Nothing can be more striking than the influence, where such exists, of an efficient and energetic Sanitary Inspector on local housing conditions.

The table on p.p. 14 & 15 sets forth the returns for 1925 of Local Sanitary Authorities in the form required by the Ministry.

[illegible]

[illegible]

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

(1) MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.—This Act came into force on the 1st September, 1925, and very greatly affects Wiltshire, which is a large milk-producing County.

The Act is somewhat complicated, the principal Section immediately affecting the County Council being No. 4, under which it is the duty of the County Medical Officer, on receipt of a notice from the Medical Officer of any other Local Authority that he suspects tuberculosis to be caused by the consumption of milk from a farm in the County, to arrange for an inspection of the cattle at the dairy concerned. Under this Section five notices were received from the Medical Officer of Health to the London County Council prior to the end of 1925, and an inspection of the farms concerned was carried out by the appropriate Veterinary Surgeon, who at that time was the Veterinary Surgeon appointed by the Diseases of Animals Sub-Committee for work under the Tuberculosis Order of the Ministry of Agriculture. As a result of the inspections samples of milk were taken from eight cows suspected to be suffering from some form of tuberculosis. These samples were submitted to microscopical and animal tests, but positive results were obtained in two cases only. In both these instances the cows were ultimately slaughtered under the Tuberculosis Order of the Ministry of Agriculture. As this result did not appear sufficiently satisfactory, further tests were in progress at the end of the year, and four other tubercular cows have since been discovered and slaughtered under the Order. Thus early in 1926 the actual cows giving tubercular milk had been found in the herds on four out of the five farms reported by the London County Council. In the fifth instance the infected cow was in all probability one which had been slaughtered immediately before the report from the London County Council had been received. No other doubtful animal could be discovered at this farm.

Under Sections 8 and 9 of the Act, power is given for the taking of samples of milk, and the latter Section amends the Sale of Food and Drugs Acts, 1875-1907. Under Section 8 the Medical Officer of Health of a Local Authority outside Wiltshire, in whose area milk from this County is being received, may ask the County Medical Officer to arrange for the taking of samples of milk at the dairy in this County, or in course of transit from the dairy to the area of the first-mentioned Authority. As this question of sampling is connected with the Sale of Food and Drugs Acts, the Public Health Committee has asked the Committee responsible for those Acts that their Inspectors shall be instructed to take samples if requests are received from other Authorities. No action under this Section had been taken at the end of the year under review.

The County Council has since decided to appoint a Veterinary Surgeon for the purposes of the Act to serve the whole of the County of Wilts other than the area of his private practice, and this officer has already carried out inspections at various farms.

The Dairies, Cowsheds, and Milkshops Orders are administered by the local Sanitary Authorities, and information should be included in the District Medical Officers' Annual Reports.

(2) THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923, is administered by the County Agricultural Committee, and I understand that three "Grade A" Producer's Licences have been granted during 1925. Various other Licences are in existence in the County, the Ministry of Health having issued the following :—

(a) Two "Certified" Licences, which entitle the holders to sell also as "Grade A Tuberculin Tested," or "Grade A."

(b) Seven "Grade A Tuberculin Tested," which entitle the holders to sell also as "Grade A."

Licences entitling the holder to sell "Pasteurised" Milk are issued by the Local Sanitary Authority, but I have no information as to the number in force in the County.

(3) As far as the County Council is concerned no licences have been revoked.

(b) MEAT.

The supervision of the meat trade, including the duties imposed by the important Meat Regulations of 1924, rests with Local Sanitary Authorities. The County Council, however, cannot be indifferent to the wholesomeness of the meat supply, and has moreover been involved in the general question by representations arising from time to time from Local Authorities and their officials.

In certain towns the spirit of the 1924 Regulations is followed, and a reasonably high standard of inspection and condemnation maintained. In other areas inspection has been either partial or lax, and often both. The Regulations have certainly resulted in a fairly general attempt to raise meat inspection from the category of sanitary duties which Rural District Councils have too often neglected, but the efficiency of inspection depends greatly on the sanitary inspector concerned, and the County Public Health Committee feel strongly that the sanction of the Ministry to appointments of sanitary inspectors should be conditional upon their holding proper qualifications as meat inspectors. The present inequality in this matter as between neighbouring areas leads to absurd positions, not least of which is the tendency of producers disposing of live stock to avoid the areas where inspection is strict in favour of areas where it is lax.

The Public Health Committee expressed their view to the Ministry in 1923 and again in 1924 but training in meat inspection is still apparently too rare amongst sanitary inspectors to allow of the policy being adopted.

In pursuance of the same aim the Committee last year offered to provide free tuition at Bristol where a course in meat inspection was arranged by the Sanitary Department, for all sanitary inspectors in the County who desired it. Sixteen of the 35 inspectors were allowed to attend by their Councils, who paid their travelling expenses, and of this number six sat for the subsequent examinations for the Meat Certificate of the Royal Sanitary Institute, and five obtained this qualification. The total number of inspectors thus qualified is now nine.

Since 1925 further developments have taken place, and co-operation with the Ministry and neighbouring counties is proceeding with a view to obtaining eventually a common standard of inspection, which shall safeguard the public whilst being fair to farmers and butchers.

(c) OTHER FOODS.

This Section does not apply to County Councils, but should be mentioned in the District Medical Officers' annual reports.

(d) FOOD POISONING.

I am not aware of any definite case of food poisoning within the County during the year 1925.

Details of the work carried out under the Sale of Food and Drugs Acts and the Milk and Cream Regulations, 1912-1917, are included, although the administration is not carried out through my department.

(e) SALE OF FOOD AND DRUGS ACTS.

The following summary shows the nature of the samples submitted for analysis, as well as the number of samples found adulterated or unsatisfactory, during the year 1925:—

Substances.	Number Analysed.	Number Adulterated or Unsatis- factory.	Substances.	Number Analysed.	Number Adulterated or Unsatis- factory.
Almond Slices ...	1	—	Margarine ...	5	—
Baking Powder ...	1	—	Milk ...	162	15
Beer ...	2	—	Milk, Separated ...	1	—
Brandy ...	2	—	Milk, Skimmed ...	1	—
Butter ...	7	—	Mustard ...	1	1
Cocoa ...	1	—	Rum ...	2	—
Coronation Sandwich ...	1	—	Self-Raising Flour ...	1	—
Cream ...	7	—	Sponge Cake ...	2	1
Cream, Preserved ...	4	—	Whisky ...	20	2
Cream Buns ...	1	—			
Gin ...	6	1		231	20
Honey ...	1	—			
Lard ...	2	—			

Prosecutions were instituted in 15 instances of unsatisfactory samples as follows:—

						Result of Prosecution.
2	Whisky	...	...	...	...	Fined
1	Gin	...	...	...	...	Fined
12	Milk	...	...	...	...	9 Fined
						3 Dismissed

As regards the remaining unsatisfactory samples, the vendors were cautioned in the case of one sample of milk and that of sponge cake, whilst no action was taken in respect of the other two samples of milk and the one of mustard.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923, AND PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923.—No action was taken during the year 1925 by the Inspectors.

(f) MILK AND CREAM REGULATIONS, 1912-17.

The work under the Public Health (Milk and Cream) Regulations, 1912-1917, accomplished during the year was as follows:—

Milk, and Cream not sold as Preserved Cream—

				Number of Samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
Milk	...	...	...	162	Nil
Cream	...	...	...	7	Nil

Cream sold as Preserved Cream—

Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct:—

Correct statements made	...	...	...	...	4
Statements incorrect	...	...	...	...	Nil

Determinations made of milk fat in cream sold as preserved cream:—

Above 35 per cent.	...	...	...	...	4
Below 35 per cent.	...	...	...	...	Nil

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

INFECTIOUS DISEASES GENERALLY.

SMALLPOX.—No notifications of smallpox have been received in the County during the last five years, apart from three from Swindon in 1923. Constant vigilance has been maintained, and in many districts, in the north of the County particularly, chicken pox has been at various times made temporarily notifiable in order that doubtful cases of this disease might be investigated to make sure that they were not the graver disease which they sometimes resemble.

In 1923 the Ministry constituted the County Council the authority for dealing with smallpox in place of the Local Sanitary Authorities. The County Council thus acquired the Salisbury Smallpox Hospital to deal with cases from the south of the County, and have provided a large new building at Ogbourne St. George to deal with cases from the north. This institution will shortly be complete, and an adequate scheme will thus be available for dealing with any situation likely to arise. Provisional arrangements have of course been made for the north, pending the completion of the scheme, so that no anxiety has arisen in case the disease had appeared.

The Order made by the Ministry places the responsibility of ultimate diagnosis of doubtful cases on the Health Department of the County Council, and consultations with District Medical Officers of Health and practitioners can be arranged immediately by the County staff. Many such consultations have been made in the past five years, and, although some cases have given rise to natural suspicion, it has always been possible to exclude the diagnosis of smallpox.

No vaccinations have been performed by the medical staff of the County Council.

DIPHTHERIA.—In 1921 notifications of 251 cases were received, the number dropping to 186 in the following year, but increasing again since to a total of 289 last year. The death-rate has remained below 6 per cent., but the fact remains that diphtheria is a formidable disease whose sudden onset leads to numerous tragedies amongst the child population of the County. Skilled attention in Isolation Hospitals, disinfection, the provision of anti-toxin by District Councils, and free bacteriological examination now made universal through the County scheme, have all helped to limit the devastation of diphtheria, and none but those who see the result of delay in the use of these means can estimate the result on child life if these weapons were not available. In urban areas the disease does not appear in the fatal and rapidly-spreading form it assumes in remote villages. The outbreak in the little village of Colerne in 1924 illustrates this feature. Within a few weeks twenty-six cases had occurred in that hamlet, and six small children had died. Such events are no credit to an enlightened community, but they are a justification for the unremitting effort which shields the County generally.

SCARLET FEVER.—This disease has lost its old malignancy, but still contributes largely to the general problem of infectious disease. Over nine hundred cases were notified in 1922, less than three hundred in 1924, and again over five hundred last year. The deaths were about one per cent. The proportion of cases which could be classed as "return cases" was very small.

ENTERIC FEVER.—Fifteen cases were notified last year with two deaths. This was the largest number during the five years, and indicates that the disease is still to be seriously regarded, especially from the point of view of good water supplies, which are so lamentably rare in villages. The true typhoid of former days is rare though cases still occur. The present type is modified in some respects, but not seldom occurs in severe forms.

The possibility of milk-borne outbreaks renders the occurrence of enteric at dairy farms a serious matter economically. The Ministry of Health, as well as the large towns, very properly hold advanced views as to the necessity for stringent application of safeguards against the remotest possibility of infection by milk, and the farm where a case of enteric occurs can scarcely escape, as in a recent instance, severe restrictions leading to financial loss. Every argument, therefore, is in favour of good water supplies and general sanitation to prevent the occurrence of the disease, and prompt acquiescence to the requirements of the Sanitary Authority when it does occur.

PUERPERAL FEVER AND OPHTHALMIA NEONATORUM.—These diseases are commented upon under Maternity and Child Welfare (pp. 41 & 42).

PNEUMONIA.—The Regulations of 1919 making certain forms of pneumonia as well as malaria, dysentery, and trench fever notifiable to Local Sanitary Authorities, do not appear to lead to much useful action. The notifications of pneumonia were highest with a total of 368 in 1925, but it would be unsafe to make any deductions from this figure. Malaria is only occasionally notified in cases of ex-soldiers, and such notifications are now rare, whilst trench fever is no longer notified at all. Dysentery only occurs, except under rare circumstances, at the County Mental Hospital, and is adequately dealt with there as in the past.

ERYSIPELAS.—This disease continues to supply a few notifications annually—but apart from the possible use of the knowledge of such cases to prevent any contact by midwives, the time-honoured requirement of notification might be abandoned.

ENCEPHALITIS LETHARGICA.—This mysterious disease shows a slight increase, twelve cases having been notified in each of the past two years. Last year seven deaths resulted. The mode of infection is still unknown, but the after-results on mentality, particularly in children, are unfortunately obvious, and have led to a record of all cases being kept in order that the affected cases may not lack such necessary care as can be provided.

CEREBRO-SPINAL FEVER.—This disease, so common during the War, has lately shown some recrudescence. Last year five cases were notified with one death.

ACUTE POLIO-MYELITIS OR INFANTILE PARALYSIS.—Only six notifications were received during 1925, and this disease has never furnished many notifications. The numbers notified, however, obviously have no relation to the number of cases. Very few of the children treated under the orthopædic scheme have been notified in the acute stage.

Amongst the non-notifiable infectious diseases the following are important, school notifications, death returns, and other more general sources having been relied upon for information.

MEASLES.—The year 1922 showed the lowest death-rate, but since then there has been an increase in prevalence. During the past winter the County experienced an epidemic, and the cases reported and deaths during 1925 reached 1974 and eighteen, respectively. When the present epidemic has subsided, there will be few areas which have not received a visitation.

WHOOPING COUGH.—The number of deaths has usually been about twenty, but last year there were twenty-eight. It is a common experience to find an outbreak of whooping cough succeeding measles. The recent prevalence of both diseases should at least ensure a certain amount of immunity for the next few years.

INFLUENZA.—The highest number of deaths, 175, occurred in 1924, last year the total being 115. In both of these years as well as in 1922, the usual winter incidence of chills amounted to large proportions.

Disinfection of clothing and of premises is in the hands of the Local Sanitary Authorities.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1925.

				Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever, including Paratyphoid.	Puerperal Fever.	Pneumonia	Other Diseases Generally Notifiable.							Chickenpox.	Other Diseases Notifiable Locally.	
										Erysipelas.	Malaria.	Dysentry.	Cerebro-spinal Fever.	Encephalitis Lethargica.	Acute Polio-myelitis.	Acute Polio-encephalitis.			Ophthalmia Neonatorum.
URBAN.																			
Bradford-on-Avon	—	1	—	—	—	11	1	—	—	—	—	—	—	—	—	—
Calne	—	2	—	—	—	1	—	—	—	—	1	1	—	—	—	—
Chippenham	—	8	4	—	—	—	—	—	—	—	1	1	—	—	13	—
Devizes	—	7	13	—	1	—	2	—	—	—	—	—	—	—	—	—
Malmesbury	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—
Marlborough	—	1	13	—	—	—	2	—	—	—	—	—	—	—	—	—
Melksham	—	—	1	—	—	2	—	—	—	—	1	—	—	—	—	—
Salisbury	—	25	54	1	—	7	5	—	—	—	1	—	—	—	—	—
Swindon	—	172	62	3	7	206	26	—	1	4	1	1	1	10	—	—
Trowbridge	—	64	—	—	—	1	—	—	—	—	1	—	—	1	—	—
Warminster	—	5	5	—	1	—	3	—	—	—	—	—	—	—	—	—
Westbury	—	3	—	—	1	6	—	—	—	—	—	—	—	—	—	—
Wilton	—	2	13	—	—	8	—	—	—	—	—	—	—	—	—	—
RURAL.																			
Amesbury	—	19	1	1	—	18	4	—	—	—	1	—	—	1	—	—
Bradford-on-Avon	—	6	—	—	—	2	2	—	—	—	—	—	—	—	—	—
Calne	—	5	1	—	—	2	1	—	—	—	—	—	1	—	—	—
Chippenham	—	38	15	1	1	—	1	—	—	—	1	2	—	3	43	—
Cricklade & Wootton Bassett	—	14	4	—	—	2	7	—	—	—	—	—	—	—	—	—
Devizes	—	14	2	1	—	1	—	—	22	—	1	—	—	—	—	—
Highworth	—	29	59	1	—	41	4	—	—	—	2	—	—	3	4	—
Malmesbury	—	2	1	—	—	6	2	—	—	—	—	—	—	1	—	—
Marlborough	—	7	5	—	—	2	1	—	—	—	—	—	—	1	—	—
Melksham	—	8	1	—	—	1	—	—	—	—	1	—	—	—	—	—
Mere	—	4	5	—	1	6	—	—	—	—	1	1	—	1	—	—
Pewsey	—	38	5	—	1	20	1	—	—	—	—	—	—	2	—	—
Ramsbury	—	—	6	—	—	3	2	—	—	—	—	—	—	—	—	—
Salisbury	—	6	3	1	—	1	—	—	—	—	—	—	1	2	—	—
Tetbury	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—
Tisbury	—	16	2	7	1	9	3	—	—	—	—	—	—	—	—	—
Warminster	—	4	1	—	—	—	2	—	—	1	—	—	—	—	—	—
Westbury	—	15	1	—	1	1	—	—	—	—	—	—	—	—	—	—
Wilton	—	27	11	—	1	8	3	—	—	—	—	—	—	—	—	—
Urban Districts	—	290	166	4	11	243	39	—	1	4	5	3	1	11	13	—
Rural Districts	—	252	123	11	5	125	34	—	22	1	7	3	2	14	47	—
Administrative County—																			
Cases notified	—	542	289	15	16	368	73	—	23	5	12	6	3	25	60	—
Deaths	—	6	15	2	4	*	*	*	*	1	7	*	*	—	*	—

* The numbers of deaths from these diseases are not known.

No information is at present available as to the number of cases admitted to Isolation Hospitals.

LABORATORY WORK.

The main County Laboratory at the Council Offices has now been finally dismantled and converted into office accommodation. A small room is still available for pathological work, but is only used for minor examinations.

Arrangements made in 1922 with the laboratories at the Salisbury General Infirmary and Royal United Hospital, Bath, respectively, for a great deal of bacteriological work on behalf of the County Council have continued to be satisfactory. These include routine examinations of sputum for tubercle, swabs for the diphtheria bacillus, and Widal tests in suspected enteric fever cases.

The Wassermann and Gonococci examinations in suspected venereal diseases cases are made at Bristol University Laboratory for the County Venereal Diseases Clinics and also for private practitioners.

Samples of effluents from sewage works, etc., continue to be sent for chemical analysis to Messrs. Waterfall & O'Brien, of Bristol.

X-ray examinations at a number of approved Hospitals in the County are arranged through the County Council.

Under the Milk and Dairies (Consolidation) Act, which came into force in September, 1925, samples of milk were at first sent to the Clinical Research Laboratory, London, but arrangements have now been made for these examinations to be undertaken at the Salisbury Infirmary Laboratory, which is approved for this purpose by the Ministry of Health, and is licensed under the Home Office.

The work under the Sale of Food and Drugs Acts has no connection with my Department at the present time; samples are analysed by the County Analyst, Dr. Bernard Dyer, of London.

Supplies of diphtheria anti-toxin are issued by the Local Sanitary Authorities to medical practitioners, but a small stock of other special sera is kept by the County Medical Department, and issued to practitioners on request.

During the year 1925, the County Council relieved the District Councils (with the exception of the Borough of Swindon and the City of Salisbury) of the necessity for arranging for the examination of swabs for suspected diphtheria and blood for enteric infections. These examinations are now made for medical practitioners at the nearest approved laboratory at the County Council's expense. This scheme does not, however, include Isolation Hospitals, which already have satisfactory arrangements.

The following table shows the examinations undertaken for medical practitioners at the County Council's expense, the laboratory concerned, and where outfits can be obtained:—

Nature of Test.	Where Outfits can be Obtained.	Laboratory.
Klebs Loeffler Baccilli	Pathological Dept., General Infirmary, Salisbury, and Bath Central Laboratory.	Pathological Dept., General Infirmary, Salisbury, and Bath Central Laboratory.
Tubercle Bacilli	Ditto	Ditto
Widal Reaction	Ditto	Ditto
Wassermann and Gonococci Tests ...	Public Health Dept., County Offices, Trowbridge.	Bristol University Laboratory.

The following is a summary of the bacteriological work performed on behalf of the County Council during the year 1925 :—

Nature of Specimen.	Laboratory at which Examinations carried out.					Total.
	Bath.	Salisbury.	Bristol.	Bristol (Waterfall & O'Brien).	London (Clinical Research).	
Sputum	415	255	—	—	—	670
Throat Swabs	135	181	—	—	—	316
Widals	23	1	—	—	—	24
Wassermann	—	—	288	—	—	288
Gonococci	—	—	6	—	—	6
Milk (for Tubercle)	—	1	—	—	6	7
Waters and Effluents	—	—	—	28	—	28
Totals	573	438	294	28	6	1339

The figures regarding X-Ray examinations will be found under the heading of Tuberculosis.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1925.

Table I. shows the age groups of the total number of new cases, including those notified by practitioners as well as those discovered by other means ; and the deaths as reported by the Registrar-General :—

TABLE I.

Age Periods	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0	1	1	3	6				
1	1	—	9	14				
5	7	1	18	12				
10	6	7	12	10				
15	12	20	13	7				
20	23	26	7	7	79	80	19	25
25	46	41	7	9				
35	24	22	2	7				
45	23	5	3	3				
55	11	5	1	2				
65 & upwards	3	4	2	1				
Totals...	157	132	77	78	79	80	19	25

The total number of deaths due to tuberculosis was 203, consisting of 159 due to pulmonary and 44 due to non-pulmonary infection.

The death-rate for the County from all causes was 11.16 per 1,000 of the death-rate population, of which 0.68 was due to tuberculosis, compared with 0.83 in the previous year.

An arrangement has been made by which the Registrars report deaths registered as due to tuberculosis to the County Council for a small fee ; 155 such death notifications have been received during the year, and in 11 instances no notification of the disease was received during life ; four of

these were infants in whom the disease could not have been long existent, and no doubt the diagnosis was uncertain. The remaining seven deaths were due in five instances to pulmonary and in two to non-pulmonary tuberculosis.

This proportion of non-notified deaths is very much smaller than last year, when 35 non-notified deaths occurred in adults in which no excuse for non-notification was evident.

In all cases of deaths from tuberculosis not previously notified, enquiries are made through the District Medical Officer of Health as to why notification has not taken place.

The Public Health (Tuberculosis) Regulations, 1912, made compulsory the notification of all forms of tuberculosis, whether pulmonary or non-pulmonary. Every opportunity is taken to impress the necessity for notification on practitioners, and a very marked improvement has taken place during the last five years.

Table II. shows the number of cases notified since 1913 :—

				TABLE II.		
Year.				Total.	Pulmonary.	Non-Pulmonary.
1913	...	...	...	540	382	158
1914	...	...	...	491	356	135
1915	...	...	...	447	348	99
1916	...	...	...	438	362	76
1917	...	...	...	432	349	83
1918	...	...	...	422	338	84
1919	...	...	...	363	308	55
1920	...	...	...	370	294	76
1921	...	...	...	423	309	114
1922	...	...	...	412	302	110
1923	...	...	...	446	299	147
1924	...	...	...	428	311	117
1925	...	...	...	424	278	146
Totals				5636	4236	1400

Table III. shows the number of cases of pulmonary and non-pulmonary tuberculosis notified from each district in the County, during the year 1925, and during the period 1913-25 :—

TABLE III.								
URBAN DISTRICTS.								
			1925.			1913-1925.		
			Pulmonary.	Non-Pul.	Total.	Pulmonary.	Non-Pul.	Total
Bradford-on-Avon	...	...	3	—	3	50	10	60
Calne	...	...	5	6	11	54	21	75
Chippenham	...	...	16	3	19	177	43	220
Devizes	...	...	3	1	4	89	4	93
Malmesbury	...	...	1	—	1	42	16	58
Marlborough	...	...	4	2	6	32	20	52
Melksham	...	...	3	6	9	46	26	72
Salisbury	...	...	20	18	38	344	85	429
Swindon	...	...	60	24	84	1079	510	1589
Trowbridge	...	...	10	2	12	144	28	172
Warminster	...	...	4	—	4	97	35	132
Westbury	...	...	6	2	8	60	19	79
Wilton	...	...	1	5	6	38	18	56
Totals	...	...	136	69	205	2252	835	3087

RURAL DISTRICTS.

1925.

1913-1925.

				Pulmonary.	Non-Pul.	Total.	Pulmonary.	Non-Pul.	Total.
Amesbury ...	...	...	...	14	4	18	145	33	178
Bradford-on-Avon ...	...	...	...	2	2	4	73	17	90
Calne ...	...	...	...	3	2	5	62	15	77
Chippenham ...	...	...	...	16	2	18	242	58	300
Cricklade ...	...	...	...	11	11	22	95	31	126
Devizes ...	...	...	...	7	—	7	126	14	140
Highworth ...	...	...	...	20	10	30	234	78	312
Malmesbury ...	...	...	...	12	3	15	128	49	177
Marlborough ...	...	...	...	3	4	7	48	24	72
Melksham ...	...	...	...	2	3	5	38	16	54
Mere ...	...	...	...	3	2	5	62	13	75
Pewsey ...	...	...	...	20	6	26	232	48	280
Ramsbury ...	...	...	...	4	3	7	79	23	102
Salisbury ...	...	...	...	7	6	13	100	26	126
Tetbury ...	...	...	...	—	—	—	—	1	1
Tisbury ...	...	...	...	3	5	8	67	17	84
Warminster ...	...	...	...	2	—	2	72	29	101
Westbury and Whorwellsdown ...	...	...	...	4	5	9	57	25	82
Wilton ...	...	...	...	9	9	18	124	48	172
Totals ...	...	...	...	142	77	219	1984	565	2549

Quarterly Reports from the District Medical Officers of Health are now sent to the County Medical Officer of Health, stating the number of cases of pulmonary and non-pulmonary tuberculosis on their registers.

Table IV. shows the number of cases given in the Reports at the 31st December, 1925 :—

TABLE IV.

URBAN DISTRICTS.

	Total |		Pulmonary.		Non-Pulmonary.		
	Cases.	Male.	Female.	Total.	Male.	Female.	Total.
Bradford-on-Avon ...	22	7	10	17	1	4	5
Calne ...	15	7	2	9	4	2	6
Chippenham ...	33	15	17	32	—	1	1
Devizes ...	28	14	11	25	1	2	3
Malmesbury ...	4	1	2	3	1	—	1
Marlborough ...	15	1	3	4	1	10	11
Melksham ...	18	10	3	13	3	2	5
Salisbury ...	173	81	56	137	18	18	36
Swindon ...	158	72	36	108	29	21	50
Trowbridge ...	44	22	16	38	2	4	6
Warminster ...	19	7	10	17	2	—	2
Westbury ...	15	3	5	8	4	3	7
Wilton ...	10	4	1	5	5	—	5
Totals ...	554	244	172	416	71	67	138

RURAL DISTRICTS.									
			Total	Pulmonary.			Non-Pulmonary.		
			Cases.	Male.	Female.	Total.	Male.	Female.	Total.
Amesbury	..	...	37	12	12	24	3	10	13
Bradford-on-Avon	...	...	15	4	6	10	2	3	5
Calne	...	...	22	9	5	14	4	4	8
Chippenham	...	...	37	11	20	31	3	3	6
Cricklade and Wootton									
Bassett	...	...	48	14	12	26	11	11	22
Devizes	...	...	99	51	35	86	3	10	13
Highworth	...	...	108	40	29	69	19	20	39
Malmesbury	...	...	19	4	11	15	2	2	4
Marlborough	...	...	15	4	5	9	3	3	6
Melksham	...	...	15	2	5	7	3	5	8
Mere	...	...	13	1	4	5	7	1	8
Pewsey	...	...	60	26	15	41	7	12	19
Ramsbury	...	...	28	10	8	18	5	5	10
Salisbury	...	...	40	18	12	30	5	5	10
Tetbury	...	...	—	—	—	—	—	—	—
Tisbury	...	...	12	1	3	4	6	2	8
Warminster	...	...	5	2	2	4	1	—	1
Westbury and Whorwells-									
down	...	...	21	7	7	14	5	2	7
Wilton	...	...	56	16	19	35	12	9	21
Totals			650	232	210	442	101	107	208

These returns show a total of 1,204 cases of tuberculosis as existing in the County, but it is doubtful if this figure is correct, as it seems District Medical Officers of Health do not keep trace of all cases, especially on removal, although as much assistance as possible is given to them by the County Tuberculosis Officers.

If notifications of tuberculosis were made direct to the County Medical Officer of Health, it would be easier for him to make this return with the assistance of his Tuberculosis Officers, School Medical Inspectors, and Health Visitors.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No official action has taken place under these Regulations, but one case of tuberculosis occurred in a milk dealer who was advised to give up his occupation and has done so.

PUBLIC HEALTH ACT, 1925, SECTION 62.

· No action has been taken under this Section during the year.

TUBERCULOSIS SCHEMES.

The following table shows the work done under the County Council's scheme during the years 1924 and 1925 :—

	TABLE V.	1924.	1925.
Number of New cases sent to Dispensaries for first time for examination by Tuberculosis Officers		578	585
,, Children (included in above)		194	192
,, Attendances at Dispensaries		1612	1641
,, New cases of pulmonary tuberculosis		150	141
,, New cases of non-pulmonary tuberculosis		30	29
,, Patients treated at Winsley Sanatorium (including 15 children under 15 years)		130	129
,, Patients treated at Harnwood Hospital (including 2 children under 15 years)		116	149
,, Patients treated at Special Hospitals (including 32 children under 15, of whom 26 were of school age)		31	48
,, Patients provided with Shelters		30	34
,, " " Splints, Dressings, etc.		7	17
,, Patients treated by County Council Dentists		40	36
,, Patients under observation or supervision by Tuberculosis Officers ...		1135	1160

STAFF.—No change in the Medical Staff has occurred during the year.

DISPENSARIES.—With the consent of the Salisbury Infirmary Committee, it has been possible to return to Tuesday as the day for the Salisbury Dispensary instead of Thursday. Tuesday, being Market Day, is more convenient as there are more 'buses and carriers, and it is easier for patients to come in from the country than on other days of the week.

The arrangements for the three Dispensaries are :—

Dispensary					Day Open.	Name of Doctor Attending.
Salisbury	...	Out-Patient Department, The General Infirmary	...	...	Tuesday	Dr. C. Dunscombe
Swindon	...	15, Milton Road	...	...	Thursday	Dr. J. B. Lowe
Trowbridge	...	The School Clinic, Bythesea Road	...	...	Wednesday	Dr. L. Crossley

The Dispensaries are open at 10 a.m., and new patients are seen between 10 a.m. and 1 p.m.

Dr. Crossley can see patients at their own homes in any part of the County, at the request of their doctors, if particulars are sent to him at the County Offices, Trowbridge.

SANATORIA BEDS.—The 32 beds maintained by the County Council at Winsley Sanatorium have been constantly full, the daily average of occupied beds during 1925 being 31.7, as compared with 31.0 in 1924; 129 patients have been treated, including 15 under 15 years of age. These beds are for early cases of tuberculosis, chiefly pulmonary, but a small number of non-pulmonary tuberculous patients are admitted from time to time. The latter include cases of tuberculous glands and peritonitis convalescing after operation, and tuberculous knees or hips where the patients have been previously treated, and are able to walk, with or without splints, and to look after themselves. Patients who need prolonged rest in bed are not suitable for Winsley, but it is impossible to avoid them altogether, as in many cases the disease is found to be more acute than could be ascertained before admission.

HOSPITAL BEDS.—Harnwood Hospital, Salisbury, has 42 beds, 30 being for male and 12 for female patients. The daily average number of patients was 35.8, as compared with 37.2 in 1924. The Hospital is for patients suffering from pulmonary tuberculosis in a more advanced stage, who need more nursing and attention than can be provided at their own homes, or who live in overcrowded houses and are unable to have a separate bedroom. By their removal to hospital the risk of infection to other occupants of the house, especially children, is lessened. A small number of chronic non-pulmonary cases have been treated at Harnwood, but the available accommodation and nursing for these cases is limited.

THE CO-OPERATION OF SANITARY AUTHORITIES and their officers is regularly sought for remedying defective housing conditions found by the Tuberculosis Officers or Health Visitors, and in the disinfection of houses following deaths from tuberculosis. On the receipt of notification of a death the Health Visitor for the district is instructed to visit the house and ascertain whether disinfection has taken place.

OTHER METHODS OF CO-OPERATION.—Visits have been paid during the year by the Tuberculosis Officers for purposes of consultation to the one General Hospital in the County, eight Cottage Hospitals, three Poor Law Infirmaries, five Orthopædic Clinics, and to many of the Schools in the County, in addition to Winsley Sanatorium, Harnwood Hospital, Savernake Hospital, the Children's Orthopædic Hospital, Bath, the Royal United Hospital, Bath, and the Pensions Hospital, Bath.

SCHOOL CHILDREN.—A large number of children attend the Dispensaries, sent either by their own doctors or referred by the School Medical Inspectors. In the year under review, 192 attended for the first time. Very few of these are found to be definitely tuberculous, but nearly all of them are weakly children who are likely to develop tuberculosis, and who would greatly benefit by treatment at a special open-air school. At present this is not available.

The Tuberculosis Department and the School Medical Department work in close association. Reports on all children who attend the Dispensaries are sent to the School Medical Department, stating whether they are found to be tuberculous or not, and also as to their ability to attend school.

Special Defect cards are made out for all notified cases of tuberculosis in children, and these are given to the School Medical Inspectors, who report on their condition and progress from time to time. This enables errors in diagnosis to be amended, and the register of notified cases of tuberculosis in children to be kept up-to-date.

Table VI. shows the institutional treatment provided for 49 children under 15 years of age, during 1925, viz. :—

				TABLE VI.			
				Pulmonary	Non-Pul.	Pre-tuber-	Total.
				cases.	cases.	culous cases.	
Winsley Sanatorium	...	...	...	3	—	12	15
Harnwood Hospital	...	...	...	2	—	—	2
Savernake Hospital	...	...	...	—	11	—	11
Bath Orthopædic Hospital	...	...	...	—	13	—	13
Salisbury General Infirmary	...	...	...	—	1	—	1
Wingfield Orthopædic Hospital	...	...	...	—	3	—	3
Heatherwood Hospital	...	...	...	—	1	—	1
Alexandra Hospital	...	...	...	—	1	—	1
Alton Cripples Hospital	...	...	...	—	2	—	2
Totals	...	...	...	5	32	12	49

All the pre-tuberculous cases were "Contacts" who had lost a near relative from tuberculosis.

EXAMINATION OF SPUTUM.—This is undertaken at the expense of the County Council for nearly all patients attending the dispensaries, and for other patients under observation or treatment by their own doctors. Medical Practitioners may obtain the necessary outfits from the Pathologist, Central Laboratory, Royal United Hospital, Bath; or the Pathologist, The General Infirmary, Salisbury. The results of all examinations of sputum are reported to the Health Office as well as to the Doctors sending the specimens, so that all positive cases are brought to the notice of the Tuberculosis Officer.

The total number of specimens examined during the year was 670, of which 415 were examined at Bath and 255 at Salisbury.

Of these 110	were sent from	Swindon Dispensary
73	„ „ „	Trowbridge Dispensary
66	„ „ „	Salisbury Dispensary
116	„ „ „	Harnwood Hospital
154	„ „ „	G.W.R. Medical Fund Society
151	„ „ „	General Practitioners.

X-RAY EXAMINATIONS.—Arrangements have now been completed by which X-Ray examinations of tuberculous or suspected tuberculous patients attending the Tuberculosis Dispensaries or the Orthopædic Clinics, can be made on the recommendation of the Tuberculosis Officer, at Salisbury Infirmary; The Royal United Hospital, Bath; The Victoria Hospital, Swindon; Savernake Hospital, Marlborough; and the Devizes Cottage Hospital. During the year twelve such examinations have been made.

RELATIVE VALUE OF FORMS OF TREATMENT.—No definite expression of opinion can be given as to the relative value of each form of treatment, as all forms of treatment are of use and necessary for an efficient tuberculosis scheme.

DENTAL TREATMENT.—During the year, dental treatment has been given by the School Dentists to 36 patients, either at the Tuberculosis Dispensaries or by visits to Winsley Sanatorium or Harnwood Hospital.

HOME NURSING.—This has only been provided for one patient during the year. The County Council can pay for such nursing, if application is made to the Tuberculosis Officers by District Nursing Associations, and sanction secured. Such application should be made at the commencement of treatment, as it is not possible to pay retrospectively for nursing which has been privately arranged.

EXTRA NOURISHMENT.—This has not been provided during the year, but a certain amount of cod liver oil and malt has been given from the dispensaries to pre-tubercular children whose parents could not afford to provide it themselves. These cases have not been numerous, and it is a matter of common occurrence to find that weakly children attending the dispensaries are already being provided with cod liver oil and malt, either by their parents or through some other source.

TRAVELLING EXPENSES OF PATIENTS.—Necessitous patients, who would not otherwise be able to attend the dispensaries or travel to institutions, are paid their travelling expenses by the County Council. During the year the sum of £2 16s. 7d. was paid for railway expenses and £36 3s. 6d. for ambulance charges.

NON-PULMONARY TUBERCULOSIS.—Treatment has been provided by the County Council during the year for 48 cases at the following hospitals:—

TABLE VII.

	Adults.	Children (5 to 15)	Infants.	Total.
Savernake Hospital	11	8	3	22
Bath Orthopædic Hospital	2	10	3	15
Wingfield Orthopædic Hospital	1	3	—	4
Alton Cripples Hospital	—	2	—	2
Salisbury General Infirmary	1	1	—	2
Heatherwood Hospital	—	1	—	1
Alexandra Hospital	—	1	—	1
Margate Royal Sea Bathing Hospital	1	—	—	1
Totals	16	26	6	48

All of these hospitals are approved by the Ministry of Health for the institutional treatment of non-pulmonary tuberculosis.

It is not possible for the County Council to pay for treatment at any hospital, unless such institution is approved by the Ministry of Health, and the patient recommended by the Tuberculosis Officer.

The classification of the 48 cases treated is as follows:—

	Adults.	Children (5 to 15)	Infants	Total.
Spine	6	7	—	13
Hip Joint	3	9	1	13
Knee Joint	2	1	1	4
Sacro Iliac Joint	1	1	—	2
Abdomen	1	5	—	6
Glands	2	1	2	5
Fingers	—	—	2	2
Ribs	1	—	—	1
Eye	—	1	—	1
Lupus	—	1	—	1
Totals	16	26	6	48

These cases have been brought to notice through the Tuberculosis Dispensaries, the Orthopædic Clinics, or their own doctors.

The five Orthopædic Clinics at Swindon, Salisbury, Corsham, Devizes and Trowbridge, are a very useful addition to the County Council's tuberculosis scheme, as they provide supervision and after-care for patients after they leave Hospital, thereby reducing the duration of Hospital treatment and preventing relapses; they also provide an additional means of early diagnosis.

During the year 35 patients suffering from non-pulmonary tuberculosis have attended the Orthopædic Clinics.

PROVISION OF SURGICAL APPLIANCES.—These, in the form of splints, crutches and dressings, have been supplied to 17 patients during the year on the recommendation of the Tuberculosis Officers, applications having been made through the Tuberculosis Dispensaries, the Orthopædic Clinics, the Hospitals treating the patients, or by the patients' own doctors.

"CARE" AND "AFTER-CARE."—No Care or After-Care Committees are in existence. Such Committees are of very little use unless they have funds at their disposal, and are not able to do anything more in this County than can be and is done by the Tuberculosis Officers and the Health Visitors.

ASSISTANCE TO PATIENTS RE EMPLOYMENT.—No definite arrangements for finding employment for patients have been made, but the Tuberculosis Officers are always willing to help patients by reports to their employers, or in any other way to enable them to obtain suitable employment.

SHELTERS.—The 40 shelters have been in full use during the year, 34 patients having been provided with them at their own homes. Nine of the shelters are at Harnwood Hospital and one each at Trowbridge and Malmesbury Cottage Hospitals. These shelters are visited and inspected at frequent intervals by the Health Visitors and Tuberculosis Officers.

INCIDENCE OF TUBERCULOSIS.—It has been noticed during the last five years that although the number of new cases of tuberculosis attending the dispensaries has steadily diminished, this has been much more evident amongst men than women. It seems probable that this may be due to the fact that most of the men are provided with medical attention under the National Insurance Act, while most of the women are not insured and have no doctor unless they can afford to pay for one.

If and when medical benefit under the National Health Insurance Act is extended to include the wives of insured persons, it will be interesting to note the result upon the number of cases of tuberculosis amongst women.

METHODS ADOPTED FOR THE PREVENTION OF TUBERCULOSIS.—These may be summarised as follows:—

1. Notification of all cases of tuberculosis.
2. Provision of Dispensaries and Tuberculosis Officers.
3. Free examination of Sputum.
4. Sanatorium for early cases.
5. Hospital for advanced cases.
6. Provision of Shelters.
7. Examination of Contacts.
8. Visits of Health Visitors and Tuberculosis Officers to Patients' homes.
9. Instruction as to how to avoid infection.
10. Disinfection of house after death from tuberculosis.

SPECIAL DIFFICULTIES.—A special difficulty encountered is the ever-growing tendency for the Tuberculosis Officer to spend more and more time in clerical work and less time in visiting, examining and advising his patients. This seems unavoidable in view of the numerous and complicated returns, reports and records which have to be kept in order to comply with the Regulations of the Ministry of Health.

GENERAL REVIEW, 1921—25.

There has been a marked drop since 1913 in the number of notified cases of tuberculosis as shown in Table II. Although this is not so evident in the last five years, the position is really better than it appears, since notification throughout the County is steadily improving and far more cases are notified in the early stages of the disease than formerly. It is only occasionally now that patients come to the dispensaries with advanced disease, having been treated for months and not notified. Also it is more generally appreciated not only that all forms of tuberculosis are notifiable, but that treatment is now extended to non-pulmonary cases. The notifications of the latter have thus increased though their actual numbers probably have not varied to any extent.

It is hoped that the action recently started under the Milk and Dairies (Consolidation) Act will definitely reduce the numbers of these cases of non-pulmonary tuberculosis, and in course of time reduce the expenditure necessary for their treatment.

The tuberculosis scheme during the five years has been extended as follows:—

1. The Medical Staff has been enlarged by the part-time services of two of the Assistant Medical Officers of Health of the County, one of whom is in charge of the Swindon Dispensary, and the other acts as Medical Superintendent of Harnwood Hospital, and is in charge of the Salisbury Dispensary. Weekly returns of patients seen are sent to the Senior Tuberculosis Officer, who is kept in touch with all their work, receives all the applications for institutional treatment, and arranges for the admission of patients to Sanatoria and Hospitals.

2. Institutional Treatment provided under the Tuberculosis Scheme has been extended during the five years in the following directions:—

- (1) The addition in 1921 at Harnwood Hospital of a ward for women, containing nine beds, for advanced pulmonary tuberculosis, and of five shelters for the same purpose, which were transferred there later, but which cannot always be used unless suitable cases and suitable weather are available.
- (2) The provision of more beds for non-pulmonary tuberculosis, the number of such cases treated at approved Hospitals having increased from nine in 1920 to forty-eight in 1925. As is shown in Table VII., most of these patients have been admitted to Hospitals in the County or at Bath, where they can be frequently and easily visited by the Tuberculosis Officers and by their own friends and relations.
- (3) The opening of the five Orthopædic Clinics and of the Children's Orthopædic Hospital, Bath.

VENEREAL DISEASES.

(a) The following is a summary of the facilities available under the County Council's scheme for the treatment of venereal disease:—

CLINICS.—Since 1921 the County Council has provided treatment for cases of venereal disease at the undermentioned Clinics:—

	Men.	Women.
The Royal Berkshire Hospital, Reading.	—	—
The Isolation Hospital, Gorse Hill, Swindon	Wednesday, 7 to 8.30 p.m. Saturday, 1.30 to 3 p.m.	Monday, 5 to 6.30 p.m. Friday, 2 to 3.30 p.m.
The Royal United Hospital, Bath	Friday, 5 to 6.30 p.m. Saturday, 5 to 6.30 p.m.	Tuesday, 5 to 6.30 p.m.
The Infirmary, Skin Dept., Salisbury	Tuesday, 11.30 a.m. to 12.30 p.m. Friday, 6 to 7.30 p.m.	Wednesday, 6 to 7.30 p.m. Saturday, 11.30 a.m. to 12.30 p.m.

The agreement with the authorities of the Royal Berkshire Hospital, Reading, was terminated on the 31st March, 1922, in consequence of the opening of the Swindon Clinic, which took place on the 16th January, 1922. The attendance of Wiltshire patients at the Reading Clinic was always unsatisfactory, in consequence of inaccessibility, and the amount of work in the northern area of the County has increased very greatly since the Swindon Clinic started, this Clinic at the present time being the most extensively used of all three.

The County Council has an agreement with the authorities of the Salisbury General Infirmary for the use of premises as a treatment centre. At the Bath Clinic the various Councils concerned pay the total expense on a contributory basis according to the respective amount of in-patient and out-patient treatment provided for patients from each area. The Swindon Clinic is the property of the County Council, the administration being delegated to the Swindon Isolation Hospital Board with the exception of the appointment of Clinic Medical Officers, which rests with the County Council.

ARRANGEMENTS FOR IRRIGATION OF CASES OF GONORRHOEA DURING THE INTERVALS BETWEEN THE CLINICS.—At each of the three Clinics patients of either sex may attend for irrigation daily.

SUPPLY OF ARSENOBENZOL COMPOUNDS.—Medical practitioners in the County qualified to receive these drugs can obtain them free of charge on request to the County Medical Officer. Supplies are also furnished to the Clinic authorities.

ARRANGEMENTS FOR BACTERIOLOGICAL WORK.—Medical practitioners may obtain outfits for the collection of specimens for the Wassermann and other tests from the County Medical Officer, such specimens being examined at the Bristol University Laboratory at the County Council's expense.

PATIENTS' TRAVELLING EXPENSES.—In necessitous cases, on receipt of a certificate signed by the Medical Officer of the Clinic recommending payment, the County Council defrays the cost of the travelling expenses of patients attending the Clinics. The expense under this heading, however, has been very small.

VENEREAL CONFINEMENT CASES.—At Swindon and Salisbury venereal cases needing confinement are treated as in-patients at the Clinics. At Swindon a special fee is paid to the practitioner conducting the confinement, but at Salisbury no special charge is made. These arrangements have not been widely used, but have proved valuable and have obviated the sending of cases to institutions outside the County.

WORK UNDERTAKEN DURING 1925.—The following table shows the work undertaken at the various Clinics :—

Centre.	No. of Persons seen for the first time and found to be suffering from			Conditions other than Venereal.	Total	Total No. of Attendances at the Out-Patient Clinics of Wiltshire Patients.	Aggregate No. of In-Patient days of Wiltshire Patients.	No. of Doses of Salvarsan Substitutes given in	
	Syphilis.	Soft Chancre.	Gonorrhoea.					Out-Patient Clinics.	In-Patient Depts.
Bath ...	12 (5)	— (—)	17 (14)	12 (9)	41 (28)	733 (400)†	— (—)	176 (65)	— (—)
Salisbury ...	29 (28)	— (—)	48 (32)	32 (46)	109 (106)	3179 (3059)	617 (340)	146 (192)	14 (6)
Swindon ...	51 (52)	— (—)	47 (58)	51 (28)	149 (138)	3702 (3863)	708 (408)	494 (411)	26 (2)
*Bristol Royal Infirmary ...	3 (—)	— (—)	1 (1)	1 (—)	5 (1)	34 (39)	— (—)	26 (30)	— (—)
*§Bristol General Hospital ...	—	—	1	—	1	5	—	—	—
*Royal Berkshire Hospital, Reading ...	— (—)	— (—)	— (1)	— (—)	— (1)	42 (41)	3 (—)	13 (—)	— (—)
*Royal London Ophthalmic Hospital ..	1 (—)	— (—)	1 (1)	— (—)	2 (1)	11 (2)	65 (10)	1 (—)	7 (—)
TOTALS ...	96 (85)	— (—)	115 (107)	96 (83)	307 (275)	7706 (7404)	1393 (758)	856 (698)	47 (8)

* The details of attendances of Wilts patients at Clinics in Bristol, London, and Reading are kindly supplied by the Clinics concerned. No formal arrangement exists with these Clinics.

† This figure does not include attendances for intermediate treatment.

§ Attendances for intermediate treatment, Nil.

An interesting fact is that well over 1,300 new patients have been examined under the scheme during the five years 1921-1925, the aggregate total of individual attendances being of course very large.

(b) **DEVELOPMENT OF SCHEME.**—It will be seen from the foregoing that the scheme may now be said to be fully developed. New features since 1921 include the opening of the Swindon Clinic referred to previously, an improvement in the arrangements for irrigation of cases of gonorrhœa, and the admission of venereal confinement cases to Clinics inside the County instead of elsewhere, as hitherto.

(c) **ADEQUACY OF PROVISION MADE.**—There is every indication that the scheme in force is sufficient to meet the needs of the County. The object now is to ensure that patients make use of the full facilities available.

(d) **THE LINES ON WHICH THE SCHEME NEEDS TO BE EXTENDED OR MODIFIED AS THE RESULT OF EXPERIENCE.**—The scheme does not appear to require extension or modification, but the actual efficiency of the Clinics has naturally varied. Every endeavour is necessary to maintain a high standard of clinical work, and to make the Clinics attractive to patients. The policy of the Public Health Committee is directed to these ends.

(e) **CO-OPERATION OF MEDICAL PROFESSION.**—All medical practitioners in the County have been circulated on several occasions with full details of the scheme. It is obvious from the communications received, and applications for drugs and pathological outfits, that the goodwill of the medical profession in the County has been obtained, without which the work at the Clinics would undoubtedly be less successful. More frequent attendance of practitioners at Clinics would, however, be welcome.

(f) **PUBLICITY ARRANGEMENTS.**—The Council has not hitherto adopted a Publicity Campaign for propaganda purposes. As indicated in (e) all medical practitioners, nurses and others are aware of the facilities available, posters have been affixed in public urinals and at the railway stations, by arrangement with the Local Sanitary Authorities and railway authorities, and in some areas films have been shown by private arrangement.

(g) **INFORMATION TO MEDICAL PROFESSION.**—See remarks under (e).

(h) **“APPROVED” PRACTITIONERS FOR THE RECEIPT OF FREE SUPPLIES OF ARSENOBENZOL COMPOUNDS, AND INFORMATION AS TO THE NUMBER OF CASES FOR WHOSE TREATMENT THESE COMPOUNDS HAVE BEEN SUPPLIED.**—The names of thirteen practitioners are on the County Register for this purpose. No additions took place during 1925.

In an endeavour to ascertain the number of cases treated in private practices with arsenobenzol compounds, I have circulated the practitioners concerned, but the response has been unsatisfactory, in few instances reliable records having been kept. It would therefore appear impossible to give any figure which would be correct, the records of issue of drugs giving no reliable data of the number of cases treated.

(i) **EXTENT TO WHICH PRACTITIONERS HAVE AVAILED THEMSELVES OF THE FACILITIES FOR PATHOLOGICAL EXAMINATIONS PROVIDED BY THE COUNCIL.**—The following table shows the number of specimens examined at the Bristol Laboratory at the request of private practitioners since 1921 :—

Year.	Nature of Specimens Examined.		Total.
	Wassermann.	Gonococci.	
1921	50	5	55
1922	48	2	50
1923	29	1	30
1924	46	6	52
1925	99	6	105
	272	20	292

(j) **ACTION UNDER VENEREAL DISEASE ACT, 1917.**—No action has been taken under this Act in the County of Wilts since it came into force, as no evidence has been available of breach of its provisions.

MATERNITY AND CHILD WELFARE.

MIDWIVES.

During the year 236 midwives gave notice of their intention to practise midwifery in the County, 218 of whom held the Central Midwives Board Certificate or that of an equivalent qualifying body, whilst the remaining 18 represented the decreasing number of bona-fide midwives. The total number of practising midwives in 1924 was 222.

The following table has been compiled from the returns received from the midwives of their work during the year 1925 :—

					<i>Cases Attended.</i>			<i>Total.</i>
					<i>As</i>	<i>As Mater-</i>		
					<i>Midwife.</i>	<i>nity Nurse.</i>		
Trained nurses of Associations	...	...	...	...	1531	431	...	1962
Trained nurses in private practice	...	...	...	...	715	263	...	978
Bona-fide Midwives	...	...	...	...	666	100	...	766
Midwives attached to Salisbury General Infirmary	...	...	...	...	99	69	...	168
Midwives attached to Swindon Maternity Home	...	...	...	...	323	63	...	386
Midwives attached to Corsham Maternity Home	...	...	...	...	53	34	...	87
Midwives attached to Malmesbury Maternity Home	...	...	...	...	55	16	...	71
Midwives attached to The Retreat, Mere	...	...	...	...	22	—	...	22
					3464	976		4440

Five bona-fide midwives with town practices attended over 50 cases each during the year, the respective numbers being as follows :—159 (12), 133 (30), 116 (7), 108 (2), and 55 (3).

The figures given in brackets are included in the totals, but refer to cases attended as maternity nurse.

Certified midwives acting in their capacity as such attended 3,464 births in the County during the year, or 67.6 per cent. of the total births registered in the County, as against 66 per cent. in 1924. The average number of births attended by midwives, acting as midwives and maternity nurses, was just under 19 each per annum.

The following notices were received from midwives during the twelve months, the corresponding figures for 1924 being given in brackets :—

Sending for Medical Aid	...	...	...	...	...	678 (648)
Laying out the Dead	...	...	...	...	...	46 (37)
Contact with Infectious Disease	...	...	...	...	...	22 (25)
Still-Births	...	...	...	...	...	56 (64)
Deaths of Mothers or Children	...	...	...	...	...	60 (45)
Artificial Feeding	...	...	...	...	...	61 (98)
						923 (917)

In addition to the large number of inspections carried out by the eight Assistant Inspectors of Midwives, Dr. Agnes Semple interviewed many midwives during the year. She also visited the Secretaries of various Nursing Associations on matters connected with the work of the District Nurses, as representative not only of the County Council, but of the County Nursing Association, of whose Executive she is a member.

There has been further extension of the midwifery service in the County during the year, new Associations having been formed in connection with the Wilts County Nursing Association at Amesbury, Trowbridge, and Warminster, and the Highworth Association appointing a second nurse.

The County Council continued the practice of making initial grants to new Associations, and annual grants to Associations which had been in operation for a year or more. Sums varying in amount from £2 to £50 were paid to 71 Associations during the financial year ended 31st March, 1926, the allocation of the total sum available being most carefully considered.

Subsidies of £10 per annum were paid to midwives in private practice in the Devizes and Codford areas, and £30 to a midwife in the Steeple Langford district, thus assisting them to reside in areas which would otherwise be unserved. Payment of a subsidy of £30 per annum to a midwife in the Warminster area was stopped from the 8th February, 1925, in consequence of the formation of the Warminster Nursing Association, and, owing to the Trowbridge Nursing Association appointing a District Nurse Midwife, the subsidy of £30 formerly paid to a nurse in private practice in the town was discontinued as from the 4th September, 1925.

In accordance with the Regulations of the Ministry of Health in Circular 559, the County Council made a grant of £105 to the Wilts County Nursing Association in respect of the provision of trained midwives for service in the area of the Council during the financial year ended the 31st March, 1926. Prior to the 1st April, 1925, grants for this purpose were made by the Board of Education.

The following are the statistics in regard to the working of the Midwives Act, 1918, during the year, the corresponding figures for 1924 being given in brackets:—

Number of cases in which certified midwives sent for medical aid	...	...	678	(648)
Number of cases in which the doctor claimed fees from the County Council	...	...	310	(311)
Percentage of cases in which the doctor claimed fees from the County Council	...	...	45.7	(47.9)
Amount of doctors' fees paid by the County Council	...	...	£511	(£561)
Amount recovered from the patients	...	...	£241	(£236)
Balance not recovered	...	...	£270	(£325)
Less 50 per cent. grant from Government Funds	...	...	£135	(£162)
Net sum payable by County Council for the twelve months	...	...	£135	(£163)

The financial details given above refer to the respective financial years, and not to the calendar years as in the case of the other statistics.

It is highly satisfactory to note that nearly 47 per cent. of the total sum paid to doctors was recovered from the patients.

Reviewing the past five years it is interesting to observe that the number of bona-fide midwives has decreased from 31 to 18, whilst the number of trained midwives in practice has increased from 177 to 218. The proportion of cases in which midwives summoned medical aid under the Midwives Act has increased from 16 per cent. to over 19 per cent., though the cost to the County remains, as stated above, at a very low figure owing to the care exercised in obtaining repayment according to the circumstances of the patients.

The average number of cases attended by each midwife, either as such or as maternity nurse, has fallen from about 22 to about 19 owing to the increase of midwives and decrease of births. The proportion of the total births in the County attended by midwives as such, however, has increased from 57 to over 67. These figures are a striking proof of the tendency of doctors to leave this branch of practice to qualified women and to rely upon being called to cases only when definitely required. It is thus obvious that circumstances are placing more and more responsibility upon midwives.

The number of instances discovered of suspected unqualified practice has shown a remarkable decrease, and it is now very rare to find a case taken by an unqualified person even in genuine emergency.

The supervision of the practice of midwives has continued to form a very important part of the County health administration. All cases of infringement of the rules have been investigated, and, if necessary, reported to the Local Supervising Authority. In some cases midwives have been censured by the Authority, but in none has it been necessary to report to the Central Midwives Board.

The most satisfactory feature in the work of supervision has been the continuous decrease in the number of occasions when midwives have neglected or misunderstood their duties under the rules. This is of course partly due to the better type of midwives, but is even more the result of the work of Dr. Agnes Semple, who is continuously in touch with them—in many cases from the beginning of their training onwards—and to whom midwives increasingly look for help and support in the many difficulties arising in their practices.

GENERAL ARRANGEMENTS FOR MATERNITY AND CHILD WELFARE.

A total of 3,826 births was registered in the area of the County for which the County Council is responsible for child welfare. Of this total 3,757 births were notified under the Notification of Births Act, whilst the number of un-notified births was 69, equivalent to 1.8 per cent. of those that should have been notified. This percentage compares with 6.8 in 1921, and indicates the better observance of the Act now secured.

Each notification of birth is made the starting-point of a system of supervision up to twelve months of age of the infant concerned, except, of course, where such supervision by the Health Staff is obviously not appropriate.

Numbers of insanitary housing conditions continue to be reported by the Health Visitors and referred to the District Medical Officers of Health concerned. The ultimate results, of course, largely depend on the activity of the Local Sanitary Authorities.

The County Council continue to co-operate with the large majority of Boards of Guardians in the County in regard to the supervision of children boarded-out for gain under the terms of Part I of the Children Act, 1908, and, in 1924, supervision was extended to cover children of all ages up to seven years, after which the Act does not apply. Ninety-eight cases were visited under the scheme by the Health Visitors during 1925. A number of these children, however, have now attained the age of seven years, or have been legally adopted, and, at the time of writing, there are 67 cases in the register. These boarded-out children are in many cases illegitimate and "unwanted," and amongst them are to be found cases where proper supervision is essential. It is therefore unfortunate that the County scheme is not accepted universally by Guardians, who have not, as a rule, an experienced nursing staff for this work.

The work of the District Nurses in connection with infant welfare is included in the figures already given. The following more detailed statement refers to the whole-time staff only:—

RECORD OF WORK PERFORMED DURING THE YEAR 1925 BY THE WHOLE-TIME HEALTH VISITORS AND SCHOOL NURSES.

Centre.	Name of Nurse.	Visits to Tuberculous Patients.	Visits to Schools with Med. Inspector.	Other Visits to Schools.	School Home Visits.	Number of Inspections of Midwives.	Number of First Visits to Infants.	Total Visits to Infants.	† Attendances at Clinics.
*Calne	M. S. Harwin	27	7	85	55	7	28	313	11
Chippenham	M. Warren	96	28	234	525	29	202	1348	19
Devizes	R. I. Ansaldo	78	20	203	613	29	175	1354	20
Marlborough	G. M. Jackson	203	23	350	1205	75	20	150	7
Salisbury	G. F. Sainsbury	221	12	96	171	97	87	522	63
Swindon	E. F. Watkins	320	5	56	122	54	5	42	107
†Trowbridge	E. L. Richens	37	4	95	192	22	88	367	58
Trowbridge	E. Smith	217	6	19	31	38	195	1469	96
Trowbridge (School Nurse)	C. L. Donnachie	—	59	392	487	—	—	—	88
TOTALS		1199	164	1530	3401	351	800	5565	469

† These relate to attendances at tuberculosis, orthopaedic, ophthalmic, infant welfare, and minor ailments clinics.

* Nurse Harwin commenced duty in the County in May, 1925. For several months she assisted Nurse Watkins in the Swindon area, and was then transferred to the Calne district.

† Nurse Richens commenced duty in the County in March, 1925. She serves the Warminster area, and undertakes emergency work in other parts of the County.

The figures for the various districts are not given for the purpose of comparison, as local circumstances differ in practically each instance, particularly as regards travelling facilities.

During the months of February and March, 1925, a course of lectures on infant care was held at Bristol under the auspices of the National League for Health, Maternity and Child Welfare. Arrangements were made for five members of the County Health Visiting Staff to attend the lectures regularly. Three of the County Health Visitors attended the Fifth Winter School for Health Visitors and School Nurses held at the Bedford College for Women, Regent's Park, London, from December 30th, 1925, to January 12th, 1926.

The provision of facilities to attend such courses is a new feature which has proved most valuable to infant welfare. Not only do the nurses obtain modern instruction, available in no other way, which brings their knowledge up-to-date, but the association with others engaged in the same activities from all parts of the country gives a fresh stimulus and encouragement in the exacting and difficult task of rural health work. Courses of this kind will, I hope, form a regular feature henceforth, and will well repay the slight expense involved.

CLINICS AND TREATMENT CENTRES.

Maternity and Child Welfare Centres.—The following table gives details of the various Clinics in the area of the County for which the County Council is responsible for maternity and child welfare:—

Centre.	Day of Month and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.
Ashton Keynes (The Village Hall)	1st Wednesday 2.30 p.m.	Dr. Lewarne Nurse Bayliss	Dr. Lewarne and Nurse Bayliss attend each session. Ante-natal work is undertaken.
Chippenham (St. Mary's Church Parish Hall)	Alternate Tuesdays 2 p.m.	Dr. J. B. Lowe Nurse M. Warren	Dr. Lowe and Nurse Warren attend every session. It is hoped that ante-natal work will be undertaken later on.
Corsham (Maternity Home)	2nd and 4th Fridays 2.30 p.m.	Dr. A. L. Semple Matron and another Nurse	Dr. Semple and Maternity Home Staff attend every session. Ante-natal work is undertaken.
Downton (Gravel Close Institute)	Alternate Fridays 2.30 p.m.	Dr. B. Whitehead, M.C. Nurse Cashen	Dr. Whitehead and Nurse Cashen attend every session. Ante-natal work is not undertaken. The Centre has been approved by the Ministry of Health, and receives a grant therefrom.
Malmesbury (Cottage Hospital)	1st and 3rd Fridays 3 p.m.	No Medical Officer Matron	Matron attends every session. Ante-natal work is undertaken.
Marlborough (Ivy House, High St.)	1st and 3rd Fridays 2.30 p.m.	Dr. A. L. Semple Nurses Shaw and Berry	Dr. Semple and either Nurse Shaw or Nurse Berry attend every session. Ante-natal work is not undertaken at present.
Melksham (Melksham House)	Alternate Thursdays 2.30 p.m.	Four local doctors Nurse Lawry	A doctor attends every session, as also does Nurse Lawry. Ante-natal work is not undertaken.
Trowbridge (Bythesea Road)	Every Tuesday 2—5 p.m.	Dr. A. L. Semple Nurse E. Smith	Dr. Semple and Nurse Smith attend every session. Ante-natal work is undertaken.
Wilton (Church Room)	1st and 3rd Thursdays 2—4 p.m.	Dr. A. W. K. Straton... Nurses Hopkins and Hawkins	Dr. Straton attends on the 1st Thursday, and both Nurses attend practically every session. Ante-natal work is not undertaken. The Centre has been approved by the Ministry of Health, and receives a grant therefrom.

The Centre at Trowbridge is the only one which is administered directly by the County Council, the others being under voluntary Committees, but Dr. Lowe, Assistant County Medical Officer, and Nurse Warren, County Health Visitor, attend the Chippenham Centre, and Dr. Semple, Assistant County Medical Officer, the Corsham and Marlborough Centres. These arrangements were necessary as no local doctors were available for these Centres.

Apart from the recent proposals to start additional centres at Devizes and Pewsey, there are now nine child welfare clinics in the County, comparing with only two in 1921. There can be no doubt of the value of these organisations, and this will increase if we are able, as we hope, to extend their activities to ante-natal work which is not at present available at all of them. Lives can be saved in many cases, and health in many more, if expectant mothers receive skilled examination.

Whilst it may be argued in theory that this work amongst mothers and children is the sphere of the private practitioner, who, of course, already does a large amount of ante-natal and infant work in his practice, our experience is that practitioners can rarely be found to attend the clinics. These at present offer the only practicable opportunity of such help to a large number of the poorer members of the community, and their success shows the extent to which they are needed.

The County Council is not responsible for maternity and child welfare in the Borough of Swindon and City of Salisbury, but facilities are available for ante-natal examination of County cases amongst others at the undermentioned Clinics :—

Centre.	Day and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.
Salisbury (General Infirmary)	Every Wednesday, 11.30 a.m. Also Tuesdays at 12 noon for convenience of country patients, some of whom find it difficult to attend on Wednesdays	Dr. J. E. Gordon	Patients should ask for the Sister of Beatrice Ward.
Swindon (36, Milton Road)	Every Tuesday and Friday afternoon	A doctor attends every Tuesday. Matron of Maternity Hospital attends every session.	————

The following table shows the number of attendances at the various Centres in the County during the year :—

	CENTRES.						
	Ashton Keynes.	Corsham.	Down-ton.	Malmes-bury.	Melk-sham.	Trow-bridge.	Wilton.
No. of Sessions held	12	22	21	24	19	46	24
No. of Attendances of Children	300	193	414	60	259	891	210
No. of Attendances of Medical Officer	10	17	21	—	17	42	12
No. of Attendances of Nurse	12	22	19	24 (Matron)	19	35	42 (2 Nurses)

Marlborough and Chippenham Centres were not opened until 1926.

Maternity Homes.—The following table shows the accommodation available for County Council patients, and the number of County and other cases admitted to the four maternity homes in Wilts with which the County Council has an arrangement. The figures for 1924 are given in brackets.

	Accommodation available for County Council cases.	No. of County Council cases admitted during 1925.	No. of other cases admitted during 1925.
Malmesbury Cottage Hospital	3 beds	16 (7)	18 (18)
Corsham Maternity Home	6 beds	47 (32)	9 (6)
Swindon Maternity Home	5 beds	37 (24)	174 (116)
Salisbury General Infirmary, Maternity Ward	As required	49 (46)	119 (89)
Totals		149 (109)	320 (229)

At the end of the year the Malmesbury Maternity Home was removed to new premises, at a country house outside the town. The Ministry approved part of this building as a maternity home, the accommodation comprising a general ward of four beds, a private single ward, and an isolation ward.

The County Council contributed a considerable portion of the original cost of equipment at Malmesbury and Corsham. The County Council also pays a weekly maintenance rate per bed occupied at these two institutions, but, when beds are unoccupied, nothing is paid beyond an annual retaining fee. Contributions received from patients are kept by the institutions.

At Swindon, the financial arrangements were made in conjunction with the Swindon Borough Council, the County Council being responsible for five-elevenths of the running expenses. Patients' contributions are credited to the County Council, and approximately £80 was received during 1925.

At Salisbury a weekly maintenance rate is paid per bed occupied, the amounts received from patients being credited to the County Council. Nearly £225 was received during the year, this sum including contributions paid by the Infirmary League in respect of its members. If a case is admitted for ante-natal treatment, the County Council is charged a lower rate in respect of the period from the day of admission to one week prior to confinement.

The main qualifications for admission to County Council beds are as follows:—

- (a) Residence in the County of Wilts, outside the Borough of Swindon and City of Salisbury. (Cases coming into the County temporarily or merely for confinement are not considered County cases).
- (b) Home surroundings unsuitable for confinement.
- (c) Want of proper medical or nursing attention, owing to inaccessibility of home.
- (d) Anticipated complications of labour, or ante-partum conditions needing institutional care.

The County scheme has grown from arrangements for beds at two Homes only, Malmesbury and Corsham, in 1921, to the present facilities in four centres. Twenty-nine County Council patients were confined in Maternity Homes in 1921, comparing with last year's total of 149. The popularity and value of these Homes is clear, and the need in the future will be to increase their efficiency rather than their numbers. The overcrowding at the Swindon Home, and the unsuitability of these premises, already makes this an urgent matter in that town.

Maternal and Infant Deaths.—The average number of maternal deaths due to child-birth during the last five years has been just over twenty annually. Rather more than a quarter of these are due to puerperal sepsis, and rather less than three-quarters to other diseases and accidents. The numbers in 1925 were slightly under the average, four being due to puerperal fever and thirteen to other causes. There appears to be a slight tendency to decrease during the five years viewed as a whole, but by no means enough for congratulation, especially in view of the lessening number of confinements. In 1924 an experimental scheme was tried, with the approval of the Ministry, for the provision of details of maternal deaths by District Medical Officers of Health. This did not prove of real value and was therefore not continued. All such deaths, however, are carefully noted, and details obtained when they occur during the attendance of a midwife, but it is exceedingly difficult to formulate any successful general plan to obtain proper details of cases which have passed out of the midwives' hands or have not had a midwife in attendance. Mention should here be made, however, of the satisfactory position in this respect at Swindon, where the tendency is for all grave cases to be admitted to the Maternity Home, where, if death occurs, full reports are made by Dr. Brewer, the Medical Officer of Health. These reports contain all the points necessary for basing enquiries on maternal mortality in the great majority of instances at Swindon. Such information as is available for the whole County points to the urgent need for the availability at Maternity Homes and in the patients' own homes, of an expert accustomed to obstetrical emergencies. This should not be impracticable for the County generally, and indeed the object can be said to be attained at the Maternity Ward at Salisbury Infirmary where the physician in charge has specialised to a large extent in this work, with the happy result that of all the 422 cases received to the end of 1925, many exceedingly complicated and admitted far on in labour, only one death occurred.

With such a plan for expert services, as well as provision for ante-natal examinations, we could look forward with certainty to avoiding many of the deaths which now annually occur from complications of child-birth, and, what is perhaps even more important, to a real reduction in the amount of suffering and disability that child-birth brings as its aftermath to so many women.

Investigations into still-births and infant deaths have not been made as a routine, and it is not easy to see how such investigations can be usefully made by the County staff, apart from the enquiries which naturally arise in ante-natal work.

Supply of Food and Milk.—After proper recommendation, 163 lbs. of Roboleine and 106 lbs. of Full Cream Milk Powder were supplied by the County Council for backward infants, either through the Public Health Department or the Trowbridge Welfare Centre, on repayment by the parents at wholesale prices.

Eighteen new applications for milk for mothers and infants were received by my Department during 1925, of which seventeen were granted, and one refused.

Fifty-nine applications for renewal from persons who had previously received a supply were made, fifty-eight of which were granted, and one refused. The quantity of milk supplied was usually one pint per day, but in a few special cases, one-and-a-half or two pints per day were granted. The cost to the County Council was just under £25. Careful enquiry was always made into the applicants' circumstances before an allowance was given, and no allowance was made for more than a period of one month at a time. The number of cases in which this provision was made again showed a slight increase over the previous year, but all were definite cases of necessity.

The County Council continued to administer these Regulations in all districts in the County, other than the Borough of Swindon and City of Salisbury, but cases found to be in receipt of poor law relief were referred for consideration to the Boards of Guardians concerned in order to prevent overlapping.

Orthopædic Clinics.—The following statistics relate to the treatment of non-tubercular children under school age in connection with the County Orthopædic Scheme, which has grown from small beginnings in 1923 and is fully described in my reports as School Medical Officer. Some Clinics, of

course, serve a more populous area than others, whilst, in the case of Salisbury, the Clinic was only recently opened. Eight cases received in-patient treatment at the Children's Orthopædic Hospital, Bath, during the year, but many more were treated entirely at the Clinics, in common with a large proportion of older children coming under the scheme.

Name of Clinic.	Number of cases under the Age of Five Years seen during the Year.	Total Number of Out-Patient Attendances made during the Year.	Treatment Provided.	
			Hospital and Clinic.	Clinic only.
Corsham	13	50	1	12
Devizes	32	206	4	28
Salisbury	6	40	1	5
Swindon	21	74	2	19
Trowbridge	17	107	—	17
TOTALS	89	477	8	81

Voluntary societies working in connection with maternity and child welfare include the whole of the District Nursing Associations, the Committees administering the various Maternity Homes, particularly that at Swindon, where so many District Nurses receive their maternity training, the Committees of the infant welfare clinics, the five Orthopædic Clinic Committees, and the few School Children's Care Committees. The work of all these Committees has been touched upon in the appropriate sections, and all the work is intimately linked up with the School Medical Service, both by the medical staff acting in their joint capacities, and by the continuity of office records.

Two County Voluntary Committees, that for the Blind and that for Mental Welfare, also work in close connection with the Health Department, reports by opthalmic surgeons being supplied by the Department for the former, whilst the latter supplies reports on feeble-minded children and their home surroundings. All medical records are freely at the disposal of these two Committees.

Whilst the relations of all these Voluntary Committees with the Public Health Department are impossible to detail in this report, it may be said generally that no pains have been spared to use to the utmost the very large amount of voluntary effort in social work, and to provide every possible help from the County Council to ensure and maintain the efficiency of the many admirable voluntary bodies.

INFECTIOUS DISEASES IN RELATION TO MATERNITY AND CHILD WELFARE.

The number of notified cases of puerperal fever shows a great increase in the five years under review, the annual numbers being, respectively, 10, 6, 9, 14 and 16. These figures, however, indicate a wider view of the interpretation of the very vague term "puerperal fever" rather than an actual increase in numbers. The death-rate from this disease is a clearer indication of its prevalence—and the death-rate, as already mentioned, does not indicate that it is more frequent in its graver forms. Every case is carefully investigated, and, except in one instance, it has been impossible to bring home any real degree of blame to midwives in this connection. A thorough ante-natal examination would do much in these cases to ensure against some of the causes of puerperal fever, but in many cases it seems impossible to be certain of the cause. The strictest precautions are of course maintained to prevent the carrying of the infection from case to case, but we have not yet arrived at the stage when it can be said that the number of isolated cases is diminishing.

The County Council have circulated Isolation Hospital Committees to the effect that cases of puerperal fever should be treated in such institutions, and this is generally done to the great advantage of the midwifery service. For the north of the County the Swindon Isolation Hospital is becoming

almost the recognised place of treatment for puerperal fever, particularly as the Chippenham Joint Isolation Hospital is not yet adapted for such admissions. The good results of prompt removal to a well-equipped institution have far outweighed the fatigue of the journey even when the distance has been considerable.

The following tables are of interest :—

Attendants.	Births, 1925.	Cases of Puerperal Fever, 1925.	Rate per 1,000 Births.
Bona-fide Midwives	666	3	4.50
Trained Nurses, including District Nurse Midwives	2798	6	2.14
Doctors	1661	7	4.21

Year.	No. of Births.	No. of Deaths of Women from Puerperal Sepsis.	Rate per 1,000 Births.
1921	5814	8	1.38
1922	5524	3	0.54
1923	5423	4	0.74
1924	5238	10	1.90
1925	5125	4	0.78

The table given below shows in summarised form the facts with regard to the incidence and effects of ophthalmia neonatorum.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	At Maternity Home, Hospital or Clinic.				
25	8	17	25	—	—	—

During the past five years, 171 infants have been notified as suffering from this affection of the eyes, the largest annual number being 56 in 1923. Treatment has been secured for every case, and in none was the sight destroyed, though in three instances the disease could not be prevented from inflicting a certain degree of permanent injury. In view of the large proportion of blind persons whose condition was caused by this disease in the past, these figures are satisfactory. At Swindon the Medical Officer of Health states that previously on an average two children lost their sight from this cause every year, and it is particularly gratifying that the mutual arrangements between the County Council and Swindon Borough Council have succeeded in preventing these local additions to the blind population.

The deaths under two years from diarrhoea remain extremely low, having dropped from 36 and 25 in 1921 and 1922, respectively, to 14, 12, and 11 in the following years. This is particularly satisfactory in view of the hot weather last summer, and one cannot avoid the conclusion that the work of health visitors has helped towards the safeguarding of infant life in this respect.

The various other infectious conditions such as measles and whooping cough, as well as the notifiable diseases to which mothers and infants are liable in common with the rest of the population, have not formed the object of special measures by the County Council. Infantile paralysis, however, has now come within the scope of the County Orthopædic Scheme, and it is highly satisfactory to note that cases are brought under specialist treatment earlier in their course as the facilities become more widely realised, and it has been possible to start treatment in some cases in the early acute stages of the disease.

MENTAL DEFICIENCY ACT, 1913.

Dr. Monnington, as part-time Mental Expert, was called in to assist in the diagnosis of 28 cases of particular importance. The figures for the five years 1921--1925 are as follows:—

	1925.	1924.	1923.	1922.	1921.
(a) Cases brought before Courts of Summary Jurisdiction referred by the Magistrates for examination as to mental condition	2	8	6	8	3
(b) Cases under or above school age upon which a Specialist's report was desired by the County Mental Deficiency Committee	17	13	4	18	18
(c) Cases of school age upon which a Specialist's report was desirable	9	10	14	6	37
	<hr/> 28 <hr/>	<hr/> 31 <hr/>	<hr/> 24 <hr/>	<hr/> 32 <hr/>	<hr/> 58 <hr/>

Dr. Monnington has been available during the whole five years to assist magistrates where doubt has arisen as to the mental development of offenders. It would be satisfactory to see a fuller use made of this facility.

